



CITY OF SALFORD
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE

REPORT

OF THE

PRINCIPAL
SCHOOL MEDICAL OFFICER,

J. L. BURN, M.D., D.Hy., D.P.H.
For the Year ended 31st December, 1959.



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* By arrangement with the Manchester Regional Hospital Board.

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SCHOOL HEALTH SERVICE ANNUAL REPORT

TO THE CHAIRMAN AND MEMBERS OF THE SCHOOL HEALTH SUB-COMMITTEE.
Mr. Chairman, Ladies and Gentlemen,

I submit a report on the health of the school child for 1959.

Is the Salford child as well as he can be, not only physically but psychologically and socially ? For health, as the World Health Organisation have defined it, is a state of physical, mental and social well-being ; not a mere absence of disease or disorder.

This report seeks to show how health in this comprehensive concept of the Salford school child, is safeguarded through the school health services. These services aim to supplement the care which is given by the parents to the child. It is the parents' responsibility (and their privilege) to bring up their children so that they can attain their full development and realise their full potential of physical and mental health. In this country a sharpening social conscience realised that the industrialisation and urbanisation which took place in the 19th century brought in its train many hazards to the health of children. Queen Victoria, on her visit to Salford a century ago, remarked "A very intelligent people but painfully unhealthy." Before the beginning of this century, a far-sighted Salford M.O.H. drew attention to the very poor physical condition of many of the children in our towns. He became a member of a Committee on Physical Deterioration which recorded the extremely poor condition of recruits at the time of the Boer War. A system of medical inspection of all school children was recommended, and the Education (Administrative Provisions) Act, 1907, established a service for all elementary schools here and elsewhere.

Through the Education Act of 1944, the School Medical Service became the School Health Service with an emphasis on the promotion of health as distinct from treatment of disease (a function of the National Health Service).

In 1959, in Salford, the amount of time devoted to public health work, such as polio vaccination, interfered considerably with the time devoted to periodic medical inspection and so concentrated effort was made upon the two main groups—school entrants and school leavers. The results of periodic medical inspections indicate a considerable rise in the number of pupils requiring treatment, but I am satisfied that the main cause of this increase does not represent any worsening of health, but is due to more vigilance by the investigators, a greater use of diagnostic aids and an improved collection and recording of data.

In addition to the work described in this report much time was spent in important work, such as examination of teachers and miscellaneous examinations of children, which need not be reported fully.

Again, much time was taken up with Mantoux testing and B.C.G. vaccination. Out of 860 consents received, 120 children were found already positive and 587 were negative and vaccinated.

Very little notifiable *disease* occurred amongst school children. (Scarlet Fever, 44 ; Whooping Cough, 21 ; Measles, 284 ; Dysentery, 14 ; Acute Pneumonia, 8 ; Food Poisoning, 7 ; Respiratory Tuberculosis, 3).

Deaths of twelve children (four girls and eight boys) between the ages of two and fifteen years occurred during the year. The three main causes of death were (a) congenital abnormality ; (b) malignant disease ; (c) accidents. It is important to note that there were no deaths from road accidents. This is a tribute to the vigilance of the Head Teachers in promoting the Road Safety Committee's excellent campaign in schools and to the care and attention shown by the traffic wardens, the police and many other key members of the public. There were also no deaths from infectious disease. A tribute must be given to the local health services, whose increasing efforts in the promotion of better health has been rewarded.

Dental Health.

A serious deterioration in the dental state of children and young adults is apparent. It is curious that, in contrast with the triumphs of preventive medicine in many fields—lower death rates, lower incidence of certain infectious diseases, and so on—the state of children's teeth is getting steadily worse. Dental caries is a disease of our civilised diet. More and more highly processed foods and sugar are given to children and the natural and essential foods seem slowly to increase in proportion. I feel we must go all out for instruction in oral hygiene and secure the interest and co-operation of the parents in better care for their children's teeth. Better diet for the children, more natural foods, a waging of war against too much tuckshop feeding, are top priorities. Simple advice such as a drink of water, a piece of apple, and so on, to remove sugar from the mouth needs to be practised. Eating toffees should be lessened ; eating good bread encouraged. Additionally, there is an urgent need for fluoridation with the water supply, as the natural fluoride content of our water is far too low. I speak as one who had the good fortune to come from an area where the natural fluoride in the water was high, and I have often wished that this blessing might be passed on to all children throughout the country. In this area we have waited too long for effective action to be taken, and it is sad to think that our children will suffer unnecessary pain and dental decay, when enlightened opinions in many parts of the world have shown the way.

Dental decay is the most widespread cause of suffering in schoolchildren. I am glad to include in this Report (on page 22) an important survey carried out by Mr. J. A. Hargreaves, who held a joint appointment with the University Dental School and with our services here.

I take this opportunity of expressing my warm thanks to all who have helped the School Health Service in any way, and particularly the medical, nursing and administrative staff, for their devoted service. I am also grateful to you, Mr. Chairman, Ladies and Gentlemen, for your support. I wish to record my appreciation to Mr. F. A. J. Rivett, Director of Education, the teachers and staff of the Education Committee for their co-operation during the year under review.

J. L. Burn

Principal School Medical Officer.

THE HANDICAPPED PUPIL

(DR. DUNCAN E. JEREMIAH)

The Handicapped Pupils and Special Schools Regulations, 1959, replaced the previous regulations and came into operation on the first day of April, 1959. The following table shows the number of children who have been ascertained as handicapped pupils during the last three years.

	1957	1958	1959
(a) Blind	8	10	7
(b) Partially sighted	13	11	13
(c) Deaf	18	17	20
(d) Partially deaf	18	18	21
(e) Educationally subnormal	102	116	139
(f) Epileptics	6	3	2
(g) Maladjusted	6	7	11
(h) Physically handicapped	48	47	47
(i) Pupils suffering from a speech defect ...	Nil	Nil	Nil
(j) Delicate	296	346	306

Educationally Subnormal Children, 1959

Number of children examined.	New Cases		Old Cases		Total
Boys	132	+	55	=	187
Girls	73	+	37	=	110
Totals	205	+	92	=	297

CLASSIFICATION.

1. Education in an ordinary school	59
2. Education in an ordinary school with special educational treatment	5
3. Education in a day special school	124
4. Education in a boarding special school	15
5. Notified under Section 57.3	10
6. Notified under Section 57.5	19
7. To be re-examined within twelve months	65
Total	297

The number of appointments made for examination of educationally subnormal children was 375, of which 79% attended.

Number of examinations requested by :

(a) School Medical Officers	174
(b) Head Teachers	104
(c) Director of Education	18
(d) Children's Officer	1

The ascertainment of the educationally subnormal child is a long and difficult process. Over the past fifteen years, since the implementation of the Education Act, 1944, it has been possible to examine, on average, only nine children per year per 1,000 of the school population in respect of this handicap. This number is very low in the light of the number of children considered to be educationally subnormal in Pilot surveys carried out in the country previously.

The problems of educational subnormality and educational retardation are so closely knit together that, in some cases, children are felt to be slow developers when, in actual fact, they have a basic difficulty in mental development. This problem is greater with regard to the dull and quiet child. This factor may also operate when it is considered that a greater number of boys, as compared with girls, are referred for examination.

The segregation of the troublesome educationally subnormal child in some ways produces difficulties for the Special School for the Educationally Subnormal. It must be extremely difficult in some cases to maintain discipline and, as a large number of pupils have a dual handicap, of some maladjustment and educational subnormality, in some ways the approach in respect of the two handicaps appear to run counter to each other. The net result being that the educationally subnormal child does not get as full an attention as it should do in a school set up distinctly for the handicap of educational subnormality. Again a greater number of children, referred by Head Teachers and others, have a higher level of intelligence, but with behaviour difficulties these children indirectly exclude the basically educationally subnormal.

A number of children with higher levels of intelligence, but with some behaviour difficulties, are unsuitable for education in a remedial class in ordinary schools, because they exhibit failure of integration in activities even outside the classroom.

This problem of educational subnormality with behaviour difficulties needs further investigation and study. The School Medical Officer continues to be the major source of referral in respect of this handicap. There appear to be factors which seem to operate preventing primary referral by Head Teachers. It is obvious that under these circumstances the numbers classified as educationally subnormal must, of necessity, be severely restricted. It might be reasonably argued that the true educationally subnormal child without behaviour handicaps, might be educated in larger classes than at present designed in our Special Schools for the Educationally Subnormal. It is only the educationally subnormal behaviour problem child that requires separation into small units.

Some more definite method must be discovered to pick out the true educationally subnormal at an earlier stage, rather than wait for the eleven-plus selection to filter them off. Valuable years have been lost in respect of these true educationally subnormal children. It must be stated that the lower intelligence level of educationally subnormal children can, in most cases, be detected by the age of seven.

Delicate Pupils.

It is interesting to review the recommendations made in respect of the delicate pupils.

The following table shows broadly some of the conditions in respect of this type of handicap :—

CHEST CONDITIONS.								1957	1958	1959
1.	Tuberculosis	...	...	...	...	...	...	11	7	4
2.	Asthma	...	...	...	...	...	...	46	62	61
3.	Bronchitis	...	...	...	...	...	...	40	47	38
4.	Bronchiectasis	...	...	...	...	...	...	17	15	12
HEART CONDITIONS.										
5.	Congenital	...	...	...	...	...	...	4	5	4
6.	Rheumatic	...	...	...	...	...	...	9	8	6
7.	Anæmia	...	...	...	...	...	...	13	15	20
POOR GENERAL CONDITION.										
8.	Prematurity	...	...	...	...	...	...	8	8	8
9.	Familial Disharmony	...	...	...	...	...	...	56	51	21
10.	Loss of Parents	...	...	...	...	...	...	11	12	3
11.	Bowel and Urinary Conditions	...	...	...	...	...	...	10	13	12
12.	Spastic Conditions	...	...	...	...	...	...	2	4	4
NERVOUS CONDITIONS.										
13.	Convulsions	...	...	...	...	...	...	4	5	5
14.	Others	...	...	...	...	...	...	10	10	11
15.	Infectious Disease Debility	...	...	...	...	...	...	1	6	6
16.	E.N.T.	...	...	...	...	...	...	34	53	61
17.	Miscellaneous	...	...	...	...	...	...	17	16	21
18.	Orthopædics	...	...	...	...	...	...	3	8	9
19.	General Debility	...	...	...	...	...	...	1	1	1

The number of cases of tuberculosis requiring special educational treatment has been reduced over the last three years but, correspondingly, the number of children requiring special educational treatment for respiratory conditions, in general, has increased. More children appear to require special educational treatment because of the condition of asthma. This condition is interesting from the point of view of allergy, infection and psychological factors. The number of children requiring special educational treatment because of the condition of bronchiectasis seems to be maintained at a relatively high level, and the benefits of the new pertussis vaccine (triple antigen) has not yet reached the child of school age. It is to be hoped that in the future, in this type of case, fewer children will require special educational treatment.

It will be seen that a considerably large number of children are classified delicate because of poor general condition due to familial disharmony. Prematurity and the loss of one or other of the parents has also some impact upon poor general condition.

Bowel and urinary conditions continue to produce problems both medically and educationally. The number of conditions that previously were considered inoperable, and would naturally have resulted in death in infancy, have now been saved but continue to be a challenge to social rehabilitation.

Recently, within the last two years, the problem of infective hepatitis has been responsible for some degree of chronic ill-health. There has been an increase in the number of children requiring rehabilitation for debility following infective hepatitis. It is difficult to say how the etiology of this condition is bound up with the national programmes of mass immunisation and vaccination, but, in Salford, a separate sterile needle and syringe is now provided for each person.

Correspondingly, with the increase in the number of respiratory conditions, there has been an increase in the number of children requiring special educational treatment in respect of ear, nose and throat conditions. It is noted that a greater number of children are today suffering from infections from organisms that show resistance to some routine antibiotics.

Special Register

A large number of children, although suffering from disabilities, are able to attend ordinary school. A register is maintained for such pupils so as to enable their condition to be observed throughout their normal school-life. Some of the disabilities may not interfere with the child's education, but may produce difficulties later on when seeking employment. Other children may have exacerbation and remissions with regard to their disability, and children of pre-school age may suffer from a condition that might require some form of special educational treatment at a later stage of their school-life.

The Special Register, therefore, is a very useful record in assessing the general pattern of disability present in the school child. For example, in considering the Handicapped Register and the Special Register, it will be seen that there are as many children suffering from asthma, who are quite capable of attending ordinary schools, as there are children suffering from a similar condition who require special educational treatment in an open-air school.

There are a large number of epileptic children who take their place in ordinary schools. The integration of the epileptic in the ordinary schools has kept pace with the advances in medicine in the control of the fits by drug treatment.

It can be seen that a number of diabetic children are fully capable of taking their places in a normal school.

Of all the disabilities the number of delicate children is the largest. This gives an indication of the amount of chronic ill-health present in the community of school children. It will be seen that roughly one in every fifty school children is delicate. Generally speaking it is the aim of the School Health Service to see that every child, as far as is possible, attends an ordinary school.

SPECIAL REGISTER.										1957	1958	1959
Asthma	...	...	...	...	...	...	...	...	...	47	59	64
Partially Sighted			...	...	...	...	...	...	...	24	27	26
Heart	...	...	...	...	...	...	...	...	...	14	22	34
Deaf	...	...	...	...	...	...	...	...	...	—	—	1
Partially Deaf			...	...	...	...	...	...	...	13	19	36
Delicate	...	...	...	...	...	...	...	...	...	482	500	511
Physically Handicapped			...	...	...	...	...	...	...	140	149	147
Epileptic	...	...	...	...	...	...	...	...	...	37	48	58
Multiple Defects			...	...	...	...	...	...	...	2	14	17
Rheumatism		...	...	...	...	...	...	...	...	76	79	69
Maladjusted		...	...	...	...	...	...	...	...	4	2	2
Diabetes	...	...	...	...	...	...	...	...	...	8	9	8
Speech Defect		...	...	...	...	...	...	...	...	8	7	9

PÆDIATRIC CLINIC

(DR. ROBERT I. MACKAY)

The work of the Pædiatric Clinic has continued during the past year on the same lines as previously. There has been no significant change in the type of case seen. A wide variety of pædiatric problems have been referred, some of them requiring hospital investigation. During the past year it has been the practice to see pre-school children also, in order to consolidate work and liberate time for other problems. Some children with conditions requiring surgical treatment have been referred to the appropriate surgical specialist, and most of them have already had their operations.

The changing nature of pædiatric work is reflected in the numbers of children attending with certain disorders, particularly with regard to neurological disturbances and multiple handicaps. Work has continued on the assessment of the physical problems of mentally handicapped children. It seems that parents of these children welcome any attempt to understand and tackle the practical problems of management that confront them day after day. In some respects guidance has been given with respect to simple physical disturbances and an effort has been made during the year to test the hearing of those mentally handicapped children who have been unable to co-operate in a formal audiogram. Dr. Taylor, of the Department of Education of the Deaf, Manchester University, has made two visits during the latter part of the year to test these children. It is planned to continue this work. Arising out of the assessment of the retarded children a few have been selected as presenting the most difficult behaviour problems and efforts are being made to adjust and improve their behaviour by medication with the many preparations known to affect mood and behaviour in persons who are mentally ill. This work is done in co-operation with the Pædiatric Clinic at Hope Hospital and also with the consent of the general practitioner concerned. In these ways the work of this clinic is extending to develop a new type of service for the mentally handicapped child, with the ultimate aim of providing modern diagnostic facilities and the latest developments in therapeutics.

The report indicates a number of boys seen for maldevelopment of the testicle. This represents a particular interest in the problem rather than a sudden increase in incidence.

[illegible]

CONGENITAL ABNORMALITIES.

Heart	...	...	...	...	...	...	...	...	...	...	...	...	...	9
Other	...	...	...	...	...	...	...	...	...	...	...	...	...	3
PHYSIOLOGICAL PROBLEMS OF GROWTH														6
RHEUMATIC DISORDERS.														
Rheumatic fever	...	...	...	...	...	...	...	...	...	...	...	...	...	1
Rheumatic heart disease	...	...	...	...	...	...	...	...	...	...	...	...	...	2
Quiescent rheumatism	...	...	...	...	...	...	...	...	...	...	...	...	...	8
Functional and physiological disorders	...	...	...	...	...	...	...	...	...	...	...	...	...	11
Miscellaneous infections and infestations	...	...	...	...	...	...	...	...	...	...	...	...	...	9
Maldevelopment of testes	...	...	...	...	...	...	...	...	...	...	...	...	...	10
Miscellaneous conditions	...	...	...	...	...	...	...	...	...	...	...	...	...	6
Sessions for auditory testing of severely subnormal children														2

ACUTE RHEUMATISM

(DR. DENYS W. PRESTON)

A survey has recently been carried out in Salford on 47 notified and confirmed cases of acute rheumatism. Forty of these children had only had one attack of the disease, 5 had each had two attacks, and 2 had each had more than two attacks.

The extent of permanent cardiac damage following acute rheumatism is roughly proportional to the number of attacks of the disease, the 2 children who had each had more than two attacks having severely damaged hearts. Therefore, the prevention of recurrent attacks of the disease by the administration of penicillin prophylactically over a prolonged period is very important.

Twenty-eight out of the 47 children (60%) were receiving oral penicillin prophylaxis when interviewed. Six others used to have penicillin prophylaxis, but had discontinued it for various reasons, and 13 had never received prophylaxis.

The administration of penicillin over a prolonged period, for the purpose of preventing further attacks of acute rheumatism, is far from an ideal form of prophylaxis, as such a procedure is likely to encourage the growth of organisms resistant to penicillin. In our present state of knowledge, however, this procedure is the best available and, therefore, it should be continued as its advantages outweigh its disadvantages.

RHEUMATISM REGISTER

31ST DECEMBER, 1959

Number of children on Rheumatism Register at end of 1958 :

BOYS ...	...	...	...	...	...	...	36
GIRLS	...	...	...	...	...	...	45
							<hr/>
			TOTAL	...	...	...	81

Number of children on Rheumatism Register at end of 1959 :

	BOYS		GIRLS	
	<i>Old</i>	<i>New</i>	<i>Old</i>	<i>New</i>
Acute Rheumatism	17	5	14	3
Rheum. Carditis	3	1	5	2
„ Chorea	1	...	1	...
Post Rheum. Fever	6	1	8	...
Rheum. Arthritis ... ..	...	...	...	...
TOTALS	27	7	28	5

TOTALS—Old	55
New	12
	—
	67
	—

On Register, 1958	81	Removed from Register during 1959 :	
Notified during 1959	12	Left Salford	4
		„ School	19
		Removed from Register	3
		Balance as above	67
	—		—
TOTAL	93	TOTAL	93
	—		—

SCHOOL HEALTH NURSING

(MISS BEATRICE M. LANGTON)

There was little change in the pattern of work carried out over the year.

School Health Visitors have been assisted by State Registered Nurses and lay auxiliary helpers, who have undertaken all clinic work and other duties which do not need for their performance the services of a qualified health visitor. The health visitor was thus freed to concentrate her efforts on the promotion of health ; able to pay increasing attention to social and other problems as they affect the school child ; to facilitate liaison between home, parent, school and teacher ; and to co-ordinate the work of all members of the health nursing team.

State Registered Nurses, in addition to staffing minor ailments and other clinics, undertook the full range of school nurses duties on areas not staffed by health visitors, *e.g.*, in times of sickness and absence of health visitors for other reasons.

Attendants assisted both health visitors and nurses in clinics and schools. Instead, for example, of employing two qualified nurses at a Minor Ailments Clinic, one will suffice assisted by an Attendant ; in schools duties, including weighing and measuring, head inspections, assisting at surveys, medical inspections and like duties, are all appropriate to workers of this grade.

Minor Ailments Clinics.

An additional daily Minor Ailments Clinic was established at the new Cromwell School, bringing the total number of clinics held in schools to 8, plus those established at clinic premises in different parts of the city. The Mobile Clinic served one additional new school—St. Lawrence—bringing the daily total of schools visited to 16 a day.

Health Visitors Surveys.

A special survey was carried out by a health visitor at Adelphi High School in order to ascertain medical, social and psychological needs of pupils. Parents, class teacher and head teacher co-operated fully in this project. Children whom the health visitor considered likely to benefit from medical examination were referred to a School Medical Officer, but otherwise no routine medical examination was conducted at this school. A report on the findings of this survey is given elsewhere.

Annual surveys in other schools followed the usual pattern. Children examined totalled 22,721 in number (23,213 in 1958). Six hundred and ninety-six children were referred for further investigation.

Vision Tests

Vision testing was carried out on a larger scale and included age groups 8, 10, 12 and 14 years, plus school leavers. In addition, many children in the 6-year group, who were unable to read the Snellen Test Chart, were tested by the Illiterate "E" method. Of the total 2,966 children referred to the Eye Clinic for further investigation during the year, some 2,065 were submitted by the school health nursing section.

Infectious Disease.

Where outbreaks of infectious disease occurred, contacts were seen by the school health visitor in class, and home follow-up visits, where appropriate, were carried out.

Nursery Schools and Classes.

Close co-operation and good relationships between teaching staff and health visitors were maintained throughout the year. Daily visits to Nursery Schools were made where possible. Children attending nursery classes were seen less frequently, but received more attention than did older children. An Attendant assists the medical officer carrying out annual medical examinations of these children.

Open-Air Schools.

Special attention was given to children attending Open-Air Schools. A State Registered Nurse attended daily for the purpose of treating minor ailments and to supervise the health and well-being of children. Special records were kept relating, in appropriate cases, to daily temperature and pulse rate, incontinence, urine and other special tests as required by the medical officer attending the school. Good liaison between the nurse and area health visitors continued, and contact with home and family was thus ensured.

Verminous Infestation.

Head inspections were carried out each term and the use of Gammexane Shampoo continued with good effect.

The incidence of verminous infestation, however, rose by 1·2% to 5·5%, and the number of children cleansed by the section was doubled (41) compared with last year's figures (19). In one family alone, 9 motherless children were cleansed, and in another related family, 7 children. Emigrants sometimes present a problem, especially families where parents speak little English and where standards of hygiene differ considerably from those of the average British family. Where infestation is present in these cases and rapid treatment necessary, cleansing is carried out immediately—it is simpler to treat a condition than to secure early acceptance of ideas foreign to the eastern mind and suggested in an almost unknown tongue.

Generally speaking, schools where examinations were carried out early in each term showed an annual return of fewer individual children infested. When inspections are delayed there is considerable risk of unchecked infestation spreading. We are grateful to those head teachers who offer every facility for early examination, even though at some inconvenience to the school.

School Journeys—Holiday Camp.

All children attending the Poor Children's Holiday Camp at Prestatyn and those making school journeys were examined, prior to departure, by nursing and auxiliary staff.

Teaching.

In addition to individual teaching, regular courses of health education were continued in the schools where senior girls last year began a series of lessons on simple "home nursing." Teaching was extended to include "First Aid" and "Health and Hygiene," and groups of girls attended health department premises, where equipment was available for practical instruction in, for example, bed-making, bandaging, simple first aid and home nursing procedures. At the beginning of the year 29 girls entered for the examination of the B.R.C. Society in "Junior Home Nursing," of which 28 passed and were awarded the Junior Certificate of that Organisation.

NURSERY CLASSES (DR. M. MAXWELL-REEKIE)

Schools Visited.

Nashville Street (3).
Ordsall Primary (3).
Trafford Road Infants (3).
St. John's Cathedral (2).

St. Ambrose (2).
West Liverpool Street (2).
North Grecian Street (2).
Littleton Road (Lower Kersal) (2).

Total, 19 visits—323 children examined ; 12 examined twice, 10 unsatisfactory.
(Figures in brackets denotes number of visits).

It is always hoped that the visits to these classes will be three times in the school year. During 1959 this has not been possible owing to the intensive Polio-vaccination Scheme launched in April, and five schools received no visit in the last Spring and early Summer.

The health of the children is good, but the same conditions as last year head the list of defects, and it would seem that one child in two (47·6%) has one or more carious teeth. Some had more than six. The parents fear of being hurt themselves when they attend a dentist seems to be the guiding principal in not taking a child to the dentist until the child suffers from toothache—which is an unreasonable procedure.

Genu Valgum, Enlarged Tonsils and Adenoids, and Enlarged Tonsillar Cervical Glands are all about the same in frequency. Only one child was noticeably deaf and arrangements were made for further testing. One child had a definite congenital heart defect which was under observation.

I am sure it is important for these children to be seen once a term by the School Medical Officer because they are still in the age group for Welfare Clinic visiting but, because mother is working, there is not the time for this "check-up" to be made. The mothers welcome the opportunity of a talk and the majority take steps to have any defect corrected and, indeed, out of the twelve children seen twice only two showed the condition to be unchanged. In all others it was improved—or was of very recent development.

I would like to express my thanks for the co-operation I received from the Head Teachers of the schools because, without this, it would, indeed, be very difficult efficiently to examine these children.

EAR, NOSE AND THROAT CLINIC

(DR. ARIANE G. M. WISEMAN)

The staff of the E.N.T. Clinic was depleted in February by the retirement, from active participation in its work, of Mrs. Florence Cavanagh who had given to its problems such enthusiasm, supreme ability and grace. Her place as a consultant to the clinic was taken, in October, by Mr. Peter C. Leeson of London. During the interim period the work of the clinic continued uninterrupted, previous reports have shown the importance of rapid referral to a specialist clinic of all cases of marked or recurrent otorrhœa, deafness and upper respiratory infection in an industrial area such as this is.

Working without the direct participation of a consultant for just over six months has resulted in a more stringent attention to conservative methods. This has involved much greater effort at improving the general physical condition of the children attending the clinic in order to reduce susceptibility to infective upper respiratory and hence infective ear conditions. With such an aim in mind, considerable use has been made of the tonics and vitamins available in the clinic, in association with Ultra-Violet Therapy and Physiotherapy. The latter treatment has consisted largely of exercises designed to improve and strengthen the respiratory airways, upper and lower, in order to relieve catarrhal congestion at the back of the nose, and hence its effect on ears, sinuses, chest and stomach, not excluding speech. The usual active daily treatments in the Minor Ailment Clinics were also intensified at this time with some remarkably satisfactory results. More interesting still has been the fact that many of the children so treated have, on review, been less prone to infections during the autumn and winter months. However, catarrh has remained a problem and, in conjunction with this, mild and moderate degrees of deafness which in a school child cannot be tolerated. Surgical procedures have, therefore, been in order as the second stage in treatment.

The trend with respect to surgical treatment following such intensive conservative treatment can be observed in a review of the figures showing referrals for operation as compared with 1958. A more comprehensive review of actual operations carried out will be possible next year. (See table attached).

Whilst it would be unwise to interpret too much from these figures at the present stage there is a definite trend towards operations designed to clear the nasal passages in appropriate cases. Major operations on the ears have also come into marked prominence, and may show a further rise in the coming years as facilities for carrying out such surgical procedures improve. The figures for removal of tonsils and adenoids, either together or individually, do not, in this particular table, show much marked change from one year to the other.

It has already been stressed how important it is, from a child's point of view, to err on the side of caution in sending the child to the E.N.T. Clinic without delay if any suspicion of deafness or upper respiratory disease is thought to exist in more than average proportion.

OPERATION.	1958	1959
Tonsils and Adenoids (\pm other procedures)	229	188
Tonsillectomy only (including Dissection) ... ..	...	12
Adenoid Curettage (\pm other procedures)	22	34
Antral Lavage (\pm other procedures)	104	32
Eustachian Inflation (\pm other procedures) ... ..	...	7
Removal Nasal Polyp (\pm other procedures)	4	2
Cautery to Turbinates (\pm other procedures) ... ..	...	6
Cautery to Septum (\pm other procedures) ... ..	...	1
S.M.R.	3	4
Antrostomy ... ..	...	1
Aural Polyp (\pm other procedures)	2	2
Myringoplasty (different types) ... ..	...	4
Mastoidectomy (different types) ... ..	...	4
Total Operations	364	297

OPHTHALMIC CLINIC

(DR. JOHN SCULLY)

Since April, 1958, a day by day effort has been made using the Visuscope to discover the extent and variety of eccentric fixation in children suffering from squint. As each case of squint attended for examination and refraction (and these consisted of new and previously treated cases) a diagnosis as to the fixation was made following the refraction and whilst the pupil was dilated.

Visuscopic examination of new and old cases of Strabismus has proceeded during the last twelve months as a daily routine. More than 1,300 cases of squint, which have been under treatment for periods of a few months to several years, show an incidence of eccentric fixation of more than 16%. A parallel series of new cases of squint having had neither supervision nor treatment show an incidence of eccentric fixation of 12 to 13%. From these figures it is possible to draw the inference that eccentric fixation may occur to nearly the same degree in new and untreated cases of squint as in those which have had supervision and treatment. However, since the figures are not yet adequate in number, it is premature to draw very definite conclusions. The investigation is proceeding.

It has been thought that eccentric fixation is more commonly associated with an early onset of squint.

It has been asserted that there is an average of 50% of children having squint, in the school population of the countries of Western Europe, who show some degree of eccentric fixation. The considerably lower figure found in this preliminary survey may be due to several factors : (a) the early reference of cases by Health Visitors, School Medical Officers and General Practitioners, and the increased awareness of the availability of treatment by young parents ; (b) orthoptic treatment and supervision is not so well established in Western European countries as it is in the urban centres in this country and it may be that the early detection of cases and reference for treatment in this country may be instrumental factors in diminishing the incidents of eccentric fixation.

SCHOOL DENTAL SERVICE

(MR. WILLIAM C. PARR)

Midway through the year we were fortunate to obtain the services of Mr. Hargreaves, on a part-time basis for four sessions a week.

Routine dental inspections of some 13,000 school children, that is approximately half the school population, were carried out during the year. The policy previously adopted with regard to school inspections was maintained, namely, that all age groups were inspected and the treatment resulting from that inspection was completed before proceeding to a further inspection. The number of children seen as "specials," that is other than at routine dental inspections, shows a slight increase again this year. These children are invariably in need of treatment and their inclusion in the appropriate sections of the statistical Table 4 tends to give a misleading picture of these sections.

At routine inspections no attempt is made to estimate the dental fitness of the individual child but simply to ascertain which children need treatment and to distinguish the type of treatment necessary, thereby facilitating in their invitation for treatment.

Towards the close of the year, in order to obtain a true picture of the position with respect to dental fitness, a survey of some 1,000 children drawn from three age groups was carried out by Mr. Hargreaves, on lines similar to those adopted in other areas of the country.

A slight increase in the amount of conservative work carried out during the year is shown. In this respect the acquisition of a new high-speed drill has been of great comfort to the children, and it is thought that the further purchase of these drills will, in time, remove a lot of the reluctance of the children to have this work carried out.

There is a slight reduction in the number of extractions during the year, mainly temporary teeth, the number of permanent teeth extracted being approximately the same. In this respect it should be pointed out that considerable numbers of permanent teeth are extracted for prophylactic reasons or to maintain symmetry.

The improved position with respect to orthodontic treatment reported last year has been maintained, but a waiting list of some six months prior

to the commencement of this treatment is still in operation. The policy of prevention of malocclusions in the child and the treatment of minor irregularities by means of a simple appliance, which is worn at night and to a large extent adjusted by the children themselves, has continued throughout the year. Examples of this latter type of simplified orthodontic therapy and also of a more complicated therapy are provided by Mr. Senior, Consultant Orthodontist. The former is exemplified by the photograph showing a series of models. Here the front tooth had developed in a rather prominent position and had become locked in this position as a further second tooth erupted.



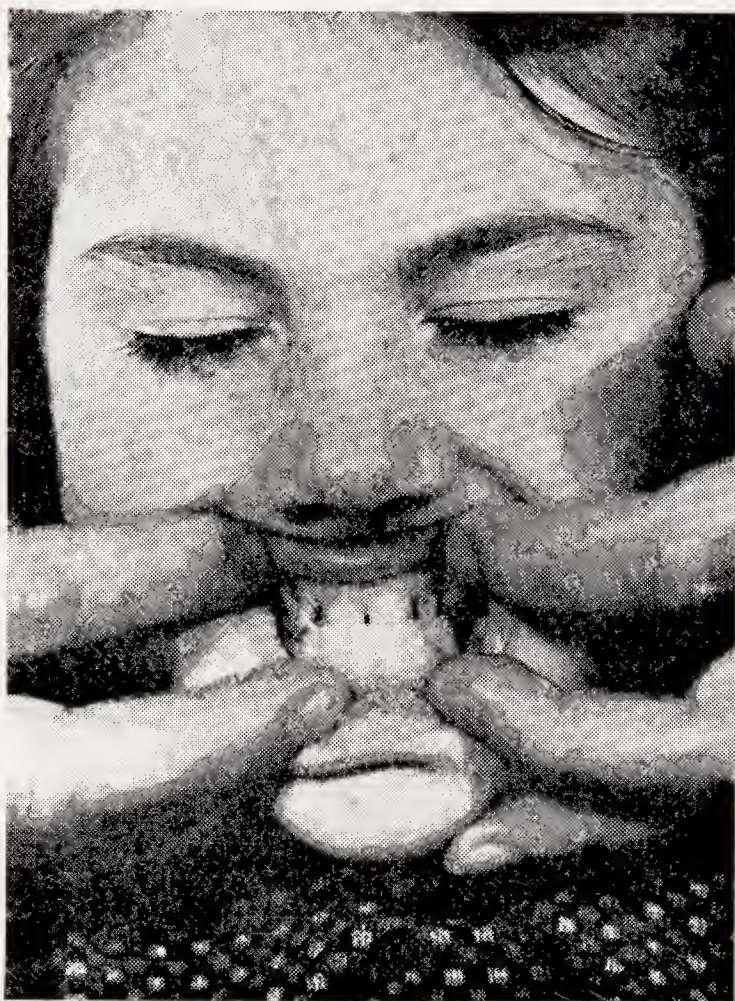
Although the therapy here was simple it would have been further simplified and shortened had it been possible to commence treatment earlier. The child was nine years old at the commencement of treatment and, had the treatment not been commenced at that age, even more complicated dental treatment would have been required to execute the correction. Other photographs show changes brought about in profile as a result of orthodontic treatment of a necessarily complex nature.

In treating the simpler irregularities of the teeth at an earlier age, and so reducing the period of clinical treatment, it is possible to devote more time to those gross irregularities which must be treated at a later age.

Every effort is made by the Dental Officers, in the selection of cases for orthodontic treatment, to explain the implications of this treatment to the parents, thereby reducing the numbers of patients who light-heartedly commence this treatment and abandon it before completion. When the irregularities are corrected the children are kept under review until such a time as it is considered unlikely that a relapse will occur.

Ninety-three children have been supplied with dentures during the year. These dentures were supplied because incisor teeth had been fractured accidentally and were either so badly broken or had been so long before treatment that they had to be extracted. A small number of acrylic jacket crowns had been fitted, for children who had suffered similar accidents, when they were seen sufficiently soon after the accident for the pulp to be preserved in a vital condition.

Some 1,200 children were seen by the Oral Hygienist. These children were referred to her by the respective Dental Officers or at the request of the School Medical Officers. Their teeth are primarily scaled and cleaned and the children are instructed in the correct manner to maintain a healthy mouth. In a small number of cases it is found necessary to carry out daily gum treatment for a short period. The children are then discharged and, after a period of six months, they are recalled for a further check-up and any necessary treatment is carried out.



Whenever possible the Oral Hygienist has accompanied the Dental Officers at routine dental inspections to give talks to the pupils about oral hygiene. This is done either to small groups or to whole classes as circumstances permit, and the respective teaching staffs have proved most co-operative in this.

Section 13 of Table 4, "Other Operations," includes all varieties of conservative work not classified as fillings.

Reference has already been made to a survey carried out by Mr. Hargreaves, the full statistical analysis is not yet complete and will be published in due course. The broad picture, nevertheless, is apparent. The incidence of dental disease is at a very high level. This high incidence is apparent at a very early



age and remains so throughout the school population, regardless of differences of background, schools or areas of the city. This picture shows us a local confirmation of opinions previously passed, both local and national, and is indeed disappointing to anyone with the dental interest of the population at heart. In the light of this, it could only be hoped that the present enquiries into the effects of fluoridisation will reveal some possibility to restore the balance.

A SURVEY OF DENTAL CARIES IN SALFORD SCHOOL CHILDREN

(MR. J. A. HARGREAVES)

A recent survey, not yet published, in my area showed the harm done by the early loss of the milk teeth due to dental caries. This led to disorders or irregularly placed and congested teeth.

A selection of five, eight and twelve-year-old children from different residential parts of the city were examined as follows : 424 five-year-olds, 317 eight-year-olds, and 507 twelve-year-olds. The five- and eight-year-old children were taken from primary, church, and council schools and the twelve-year-olds were selected from Grammar and Secondary Modern schools—a good cross section.

From the results it was shown that, at five years of age, more second molar teeth had been extracted than first molar teeth. For the eight-year-old group the number of first and second molar teeth extracted was almost equal.

Only 8% of the five-year-olds were free from dental caries. In the eight- and twelve-year-old groups only 3% of the children showed caries free permanent dentition.

This survey showed the great importance of what is known as orthodontic treatment—that is, cure of irregularities of formation. Very few authorities can provide an orthodontic service because of the great shortage of competent specialists in this field. The survey proved the association between regular dentition and poor gum conditions, or the predisposing conditions of pyorrhea in later life.

It was seen that carious teeth tended to cause areas of stagnation with consequent poor gum conditions. The incidence of all these conditions was the same in all types of school environment, etc.

The Chief Medical Officer has recently reported that the percentage of children who showed *no* decay or missing or filled teeth, declined from 22% to 15% in the five-year-olds, and from 19% to 12% in the twelve-year age group.

This survey further emphasises the need of control by parents of the eating habits of their children, such as a proportion of some hard food, crusts for exercises of the jaws ; tooth cleansing by means of fruit ; and the need of a protection of the growing tooth which is provided by water containing appropriate fluorine content.

In previous publications concerning five-year-old children in the London area particular attention was paid to external tooth structure in relation to dental decay. It was shown that tooth structure in the average five-year-old in 1943 and 1945 has improved compared with the examination made in 1929. It was also shown that at the end of the war the incidence of caries declined from 1943 to 1947, but rose after this date, compared with future examinations up to 1955. This high caries level has also been shown by another survey in respect of a small number of five-year-old children where a d.m.f. (decayed, missing or filled) figure of 725 is given, the highest recorded for five-year-old children in this country. This figure is almost identical to that shown in the present survey, as is the d.m.f. rate for the eight-year-old children shown in the previously mentioned survey.

FOOT HEALTH SERVICE

(MR. FRANKLIN CHARLESWORTH)

The consistent rise in the number of cases of tinea pedis has been maintained, although improvements in treatment techniques with new and more effective medicaments has enabled us to get the situation well under control.

It is, however, interesting to note that the new medicaments have not been accepted on face value but have been thoroughly investigated by controlled clinical tests. Such a test was carried out by the chiropody department on one of the latest medicaments produced for the treatment of tinea dermatitis.

Another form of treatment that is now gathering much favour following extensive clinical investigations and most favourable reports, is oral treatment. An example is Griseofulvin which is an antibiotic obtained as a metabolic product of several species of penicillin. Its antifungal properties are well marked and it has proved highly effective when given by mouth as a systemic treatment for dermatophytic infection.

This medicament is available in tablets.

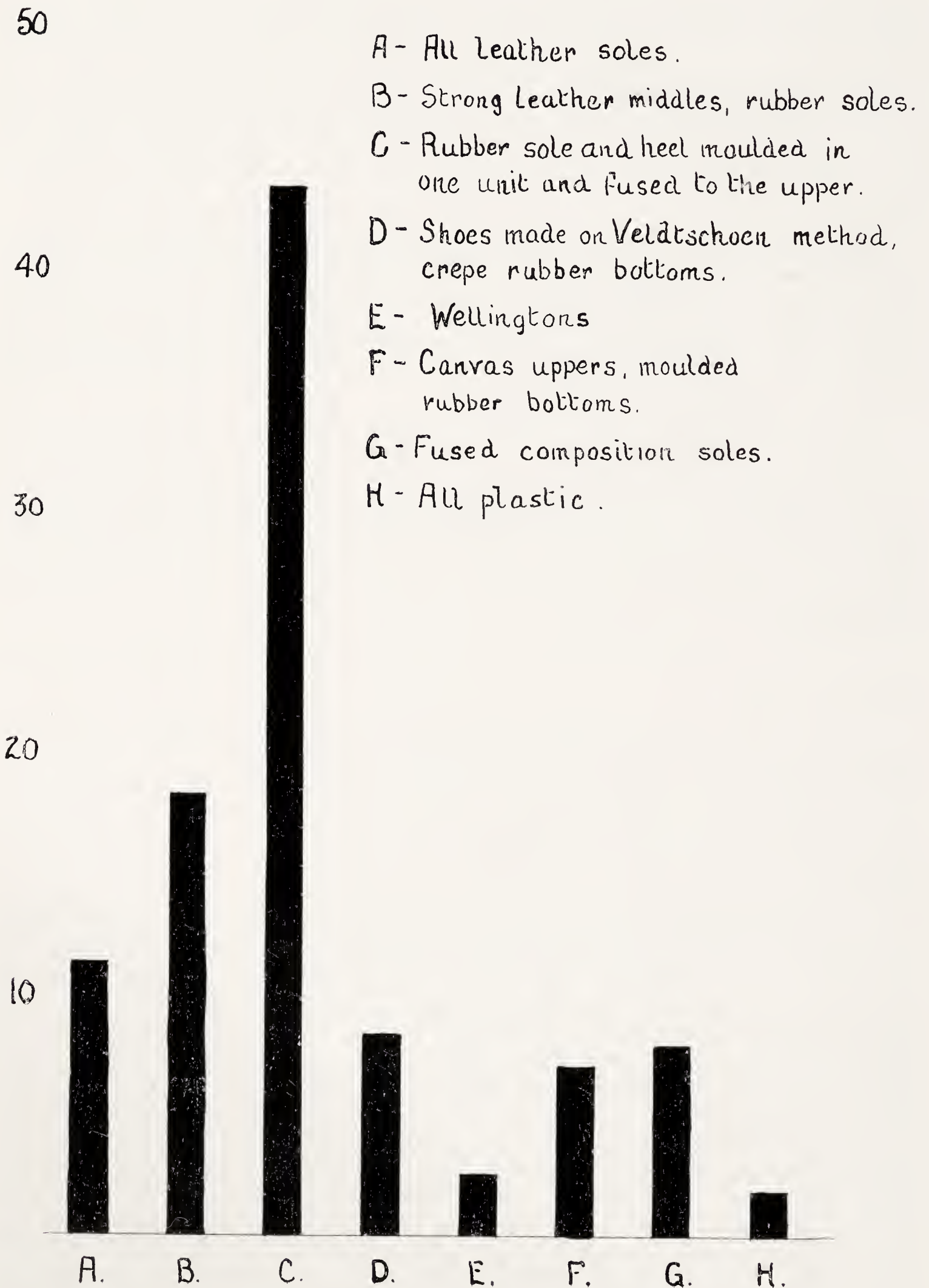
The present trend towards rubberised materials and plastics in the manufacture of footwear is a factor that has not been disregarded as a contributory factor to the continued rise in the instance of tinea pedis, and I have continued with the systematic survey of footwear taking account of style, materials and construction.

Footwear Survey.

The survey has revealed that more than half of the total number of children were wearing shoes with fused rubber soles. This type of footwear has a soft leather upper with a leather or synthetic insole. The outer sole, waist and heel are in one piece of moulded rubber. This bottom unit is secured to the upper by a modern process which completely seals the joint and makes it absolutely waterproof.

The shoes do not appear to have any serious adverse effect on the condition of the feet, but they are not as stable as the rigid waisted leather-bottomed footwear. The moulded rubber heels tend to allow a floating movement which does not provide the same stable foundation as the all-leather heel. There is also a tendency to wear shoes of this type long after repair of the heels is necessary to keep the foot stable. It would appear that this type of heel is not as easy to repair as the leather heel. The shoes with a strong leather middle and rubber sole appear to be very satisfactory. The leather middle provides a sound foundation. It can absorb the excretions of the feet, a factor which make the old-fashioned leather-bottomed footwear more healthy, whilst the leather heels also make the shoes more stable. This type of footwear combines the best of both materials. The leather middle is more healthy, a heel of the same material is more stable, whilst the rubber sole and heel top piece give better wear than an indifferent quality of leather. Unfortunately, this type of footwear only constitutes about 16% of the total worn by the children.

PERCENTAGE OF TYPES OF FOOTWEAR WORN BY CHILDREN.



In either type of shoe strong rigid shank and good strong heel counters are factors which require attention by manufacturers. The poor quality of the heel counters (stiffeners) in much of the footwear is responsible for a lot of the treading over.

The footwear that is most likely to predispose to tinea pedis is the type made from rubberised fabrics, *i.e.*, plimsles, baseball boots and ballerina shoes, all these types of footwear have canvas uppers which have been rubberised or have uppers made of synthetic non-breathing materials. Imitation leather or velvet is usual. Soles are of rubber fused to the uppers with a rubber sealing strip running round the lower margin of the uppers. This type of footwear retains perspiration causing the foot to get hot and humid. The skin becomes relaxed and the pores dilated. Dirt and grit cause the skin to become abraded over pressure areas, dilated pores and the relaxed state of the skin reduces the defence mechanisms and renders infection more liable. In the summer-time footwear of this nature is worn extensively by children and the small percentage shown in a winter survey is no indication of the proportion worn throughout the year.

Careful observations have been kept on the full range of treatment techniques for tinea pedis as carried out in the Salford School Health Service and, as a result, one is driven to the conclusion that the most successful collection of clinical results is achieved by a versatility in treatment. Be always ready to change the treatment techniques or medicaments where the reaction to the one used is not satisfactory or when a tolerance appears to have been developed over a lengthy period of treatment by a particular drug.

Cleanliness is an essential part of successful treatment. If this is disregarded re-infection will constantly occur.

Rubberised or plastic footwear are best discarded as not only does such footwear predispose to tinea pedis but its use during treatment will tend to retard progress.

Verruca pedis continues to increase and many of the predisposing factors relative to tinea pedis apply equally to verrucæ.

SPEECH THERAPY

(MISS ANN P. MYERS)

This year has been, in one respect anyway, a year of note. For the first time since a Speech Therapy Department was started in Salford the establishment has had its full complement of three speech therapists. This came about with the appointment, in August, of Miss Cohen.

As a result of Miss Cohen's appointment two new centres have been opened, one at Summerville Maternity Clinic and the other at Marlborough Road Infant School. An extra session is also being taken at Claremont Open-Air School. These have greatly relieved the waiting list, which is now about thirty per therapist instead of the hundred which it was previously. Children referred for speech therapy can now, therefore, hope to be seen within twelve months of their referral. It is, however, very difficult for each therapist to have sufficient use of the tape recorder which has to be shared among the eight centres.

At Cleveland House Spastic Class the second session weekly, which was instituted last year, has been continued throughout 1959. This has helped considerably in the progress of these children who, for the most part, would benefit from daily therapy. In February a typewriter was purchased for one child, by her parents at minimum cost, on the advice and through the negotiation of the Speech Therapist. Since then the child has learnt to type with reasonable accuracy which has aided her language development.

There has been some difficulty over accommodation of the speech clinic at Broughton Modern School. In the course of the year the speech therapist has had to move from the medical room to the waiting room. This is smaller and less well lit. It is, however, adequate.

AUDIOMETRY

(MR. KENNETH S. BROWN)

The services of audiometer testing were somewhat restricted due to Mr. Valentine, the Audiometer Technician, leaving the authority in February. The present Audiometrician did not take up his position until September but, even so, the year's working compares favourably with that of the previous year.

	1958	1959
Sweep tests at school	3,053	3,324
Individual audiometer tests	1,276	977

The 3,324 children who were sweep-tested at school during 1959 were in the following age categories :—

4-5 year group	1,689
13 year group	1,402
6-10 year group	27
Special survey at St. Cyprian's C. of E. School (4-11 year group)	206

Of these 513 failed to pass the hearing test, this being 15·4% of the children seen.

Children who fail are given a full individual audiometer test at a clinic, where there are less noise disturbances. The percentage failures amongst the 4-5 year age group is extremely high—in some schools 25%. This is not because of excessive deafness, but because their brief period at school has not taught them the disciplined concentration which is necessary for the hearing test, and because the new experience of having electrical apparatus used on them is overwhelming. On re-testing these children a more realistic figure, in the region of 6-8%, was reached.

Sweep-testing of hearing, at school, serves a two-fold purpose :

- (1) To detect deafness, so as to avail the child of medical care.
- (2) To discover the minimum hearing loss which constitutes a handicap to the child's educational attainment.

The 4-5 year age group were selected for testing so that deafness could be corrected early in their school life, before serious work is commenced.

Children in the 13 year age group were selected for testing—the aim being to provide any necessary medical attention before they leave school.

The need for specialised detection of deafness is much in evidence where we find families of low socio/economic status, with early signs of ill-health, especially respiratory ailments which, if neglected, could cause serious hearing loss. The pollution of air by industrial fumes and smoke have a bad effect, causing diseases which badly impair hearing.

Teachers are often unaware that learning and behaviour difficulties of hard-of-hearing children are due to their hearing loss and not to mental disability. A child's failure to obey is sometimes interpreted as sheer naughtiness, by his teacher and parents. Children with hearing impairment often feel socially inadequate because of their inability to follow oral communication, but the desire to draw attention is innate in these children, as in most children, and is sometimes expressed by truancy, lying, stealing and expressed introversion.

The progress made during the year was enhanced by the excellent support from the teaching staff of schools visited.

PHYSIOTHERAPY

(MISS PATRICIA K. FOGG)

Claremont Open-Air School.

The largest part of the school health physiotherapy now takes place in the special schools which has the great advantage of minimising the time a child is absent from class and also lessens the danger of accident by keeping the children off busy main roads.

Claremont Open-Air School provides us with a great deal of work and does remain a very difficult problem mainly because children with so many different types of handicap attend the school.

At the present time the school is used as a Chest Unit, Cerebral Palsy Unit and Physically Handicapped Unit, as well as having a large number of delicate children, many with social and emotional problems but still frequently requiring sunlight, breathing or postural treatment.

As long as one school is used for so many different conditions the work will always be extremely difficult trying to fit in the aims of the best, both in health and education for the child. This requires superhuman tact and understanding on the part of the teaching and physiotherapy staff and even when this is obtained, as I think it is at Claremont, the work remains extremely arduous when it has to be fitted into the short hours the children are at school, and also by the conflicting demands of meal and rest time.

It must be realised that, if these children were not able to obtain the specialised treatment required at a special day school, residential treatment would be required, with the consequential high cost to the local authority and separation of the child from home and family, which makes a handicapped

child feel an outsider and more aware of his being different to ordinary children. Even with all these difficulties it makes the work worth-while to see how the children improve physically and look so much brighter and happier.

Barr Hill Open-Air School.

At Barr Hill Open-Air School the children attending are mostly delicate, some with minor respiratory infections and a number with asthmatic conditions. One of the physiotherapists visits the school twice weekly to give breathing exercises. The new headmistress has been very co-operative in our work and we try to upset the school curriculum as little as possible.

Cleveland Special Class.

The cerebral palsy children attending the Cleveland Special Class continue to make steady progress. During the year one little boy has progressed sufficiently to attend Claremont Open-Air School and has settled down there very happily. His mother is delighted that, for the first time in his life, he comes home from school dirty. One girl is also ready to attend Claremont when there is a vacancy. Two five-year-old girls have joined the class during the year and show great improvement, not only physically, due to regular treatment. For domestic reasons neither of them were able to attend the physiotherapy clinics before reaching school age, but now they are so much happier socially. Both of them were terrified of attempting fresh achievements and have gained much greater confidence and independence by mixing with other children. I am sure if we could only have a small nursery class, for physically handicapped children from the age of two years, the benefit they would receive both physically and mentally, and the sum total of human happiness gained both by the children and by the parents and the whole family, would far outweigh the financial cost of such a small scheme.

Clinics.

Three girls who attended the physiotherapy clinic for most of their school lives and have cerebral palsy involving two limbs, are now happily married. Two of them have bonny, normal children, and manage their homes and look after their children extremely well, so they agree that the long years of treatment were worth-while.

The physiotherapy clinics are gradually being equipped with Aerosol machines for the treatment of bronchiectasis. Regent Road Clinic and Murray Street Clinic now have machines. It is hoped that by the early treatment of children who have only recently had a chest infection, such as pneumonia, intensive treatment can be continued on their discharge from hospital and the condition cleared up without chronic bronchiectasis developing.

SCHOOL CHILDREN'S CONVALESCENCE

(MISS BESSIE CHADWICK)

One hundred and eleven school children were afforded convalescence during 1959. Thirteen children referred to the Almoner did not avail themselves of the provision made.

Sources of referral :—

School Medical Officers	...	...	...	...	...	...	82
Hospital Almoners	...	...	...	...	...	...	16
Health Visitors	...	...	...	...	...	...	3
Mental Health Visitors	...	...	...	...	...	...	6
General Medical Practitioners	...	...	...	...	...	...	14
Orthopædic Surgeon	...	...	...	...	...	...	3
Total							124

76 children were away for four weeks or less.

1 child was away for five weeks.

25 children were away for six weeks.

1 child was away for seven weeks.

6 children were away for eight weeks.

1 child was away for nine weeks.

1 child was away for ten weeks.

111

The Homes used, and the number of children sent to each, are shown below :—

White Heather Home, Colwyn Bay	...	...	...	3
Tanllwyfan, Colwyn Bay	...	...	...	20
Taxal Edge, Derbyshire	...	...	...	24
Ormerod, St. Annes-on-Sea	...	...	...	30
Margaret Beavan, Heswall	...	...	...	9
Bryn Aber Nursery Home, Abergele	...	...	...	5
Hillary Nursery Home, Prestatyn	...	...	...	8
West Kirby	...	...	...	12
Total				111

In eight cases the full cost of convalescent treatment was borne by the Trustees of the Cinderella Fund.

CHILD GUIDANCE CLINIC

Of the total number of children referred to the Clinic, in the period covered by this report, boys outnumbered girls in a ratio of 3 to 1. This figure is borne out by reports from other Child Guidance Clinics and is all the more interesting as, in Adult Psychiatric Clinics, referrals operate in the opposite direction—more women than men. This could mean that in childhood more boys are emotionally disturbed than girls, whereas in adulthood the females predominate. However, there is a good deal of evidence indicating that this is not the true explanation. It seems truer to say that the neurotic symptoms which attract attention among the school population are those more normally

resorted to by the disturbed boy. Aggressiveness, truancy, bullying, delinquency, have a high nuisance value and are likely to bring the individual earlier to the notice of the adults than such symptoms as headaches or other psychosomatic complaints, solitary behaviour or obsessions. One is driven to the conclusion that many childhood neuroses pass unnoticed and one would hope that with increasing knowledge those caring for children, especially small children, become better able to assess the significance of the child's behaviour. Of course, one cannot do controlled experiments with children, as one does in the laboratory, with the aim of establishing definite evidence.

However, when confronted with a ten-year-old, whose disturbance has been present in one form or another for many years and who is, for example, unable to make use of his intelligence, unable to mix with other children and so on, one often feels "if only someone had drawn attention to them at the age of five." At the age of ten so much has become part of the child's character that treatment at this age is usually longer and slower.

Number of children seen in the Clinic	...	...	...	...	...	103
Number of boys	...	...	...	...	...	77
Number of girls	...	...	...	...	...	26
Total number of interviews	...	...	...	...	...	1,325

CLAREMONT OPEN-AIR SCHOOL

The year opened with seven classes and two new teachers. All classes were reduced in size, and no class will in future contain more than twenty-five children. This is a great advantage from the educational point of view as it is much easier with smaller numbers to give each child the individual attention so necessary for well-being and progress. Most of the children have missed many basic steps in 3R work and have had little chance for creative play. In addition to this the average I.Q. is below normal.

During the first week of January three severely handicapped children, all needing ambulance transport, were admitted. One of these boys was confined to a wheelchair and has made good progress in school, joining in most aspects of school life. This has brought the average number of physically handicapped children over the year to more than twenty and, to help to solve any new problems resulting from this, a third ancillary helper was appointed, in this case, a nursery nurse. The welfare staff now totals three workers and their help makes for much smoother running.

In January a visit was paid to Carlson House, a school for spastic children in Harborne, Birmingham, to see some adaptations to furniture to make it suitable for physically handicapped children. As a result of this visit, furniture was adapted to suit the particular requirements of each individual handicapped child. The resulting furniture is strong, practical and good to look at.

During 1960 a new specially designed desk is to be pioneered for partially-sighted pupils. The design is original and should make the physical task of reading easier for the children who will use it. The problem of finding suitable textbooks to teach the mechanics of reading to children with serious defects of vision still remains. Infant readers, while often suitable in print and lay-out, do not always contain the right subject matter. The position for more advanced pupils is far from satisfactory. The age range in the class (5-12 years) and the

variation of defect, give some idea of the problem. Diseases of children in this group have included myopia, albinism, congenital cataract, congenital nystagmus and hypermetropia. Two children were found fit to return to normal school at the end of this year—one of these a ten-year-old girl with an I.Q. of 130.

The physiotherapy staff are now in occupation of the new physiotherapy room which, with two new classrooms, forms part of the new block which was opened in the spring. This new treatment room is light, airy and well equipped, and a great joy to staff and children. A recent innovation is a wax bath.

In April an Opportunity Class was opened and, so far, there has been very satisfactory progress here in giving remedial work to children who have failed to make progress due to absence or debilitating illness.

There are now nine classes in the school and, with the exception of the P.S. class, the age range in each class is no greater than in normal school. In spite of the time spent in treatment educational progress is on the whole satisfactory. Most children show an increment of reading age commensurate with the time they spend in school and there is still time for art, needlework and light craft. In October a large parcel of Christmas presents made by the children was sent to H.M.V. "Port Hardy," the ship adopted by the school. Correspondence with the Captain and crew is regular and of great value to the children.

During the year two fully equipped bathrooms were built in the rooms housing the showers. These are used where a child needs a bath, and also as part of the social training of those children who cannot indulge in the pleasure of running hot water and a bathroom at home. They have proved popular and beneficial. Swimming was popular during the summer. One girl, who had previously gained her Bronze Medallion, was ready for the Salford Hundred test, but it was decided that it was not wise to involve her in a test with a competitive element. In all cases advice is received as to which children may be given swimming lessons. On one occasion two members of the staff took three severely handicapped children to the baths and they greatly enjoyed the experience. One of these children (a boy with cerebral palsy) has kept up his visits and is making good progress.

Breakfasts have been discontinued, but the milk drink given to the children on arrival at school is now protein-fortified.

Educational visits and outings have been made to Buile Hill Park coal mine, the Docks, the Zoological Gardens, the parks, and the circus. Wheel-chairs have made it possible to take even the severely handicapped children and one boy, who used to be pushed in a wheelchair, now accompanies us on his own tricycle or walks without help. His transition from dependence to complete independence has changed his whole outlook and is a triumph for the orthopaedic surgeon and physiotherapists.

The last visit of the year was made on Christmas Eve to Belle Vue Circus, in ringside seats.

Last year there was the inconvenience of the building of the new block in cold, wet weather. This year there has been the joy of using it during a wonderful summer and a mild winter. It has been, from all points of view, a very worth-while year.

BARR HILL OPEN-AIR SCHOOL

During the year the Head Teacher retired after a long period of outstanding service with the Committee. Her successor is a lady with valuable experience in other areas, and was appointed having in mind the future school for physically handicapped children which, it is hoped, will be in the 1962-63 Building Programme. On its opening the Barr Hill Open-Air School will close.

The following statistics relate to the year under review :—

Discharges. Twenty-seven boys and 17 girls left during the year.

DIAGNOSIS :	Boys	Girls	Total
Delicate	14	12	26
Recurrent Respiratory Infection	1	2	3
Bronchitis	5	1	6
Asthma	3	2	5
T.B. Spine	1	...	1
Epilepsy and Asthma	1	...	1
Catarrh	2	...	2
Totals	27	17	44

REASONS FOR DISCHARGE :	Boys	Girls	Total
Residential School	1	...	1
Removal	3	...	3
Fit for Ordinary School	20	14	34
School-leaver	1	2	3
Parent's request	2	1	3
Totals	27	17	44

	Boys	Girls
Average increase in weight	11 lbs.	12 lbs.
Average stay in the school	74 weeks	77 weeks

Admissions. Twenty-one boys and 19 girls were admitted.

DIAGNOSIS :	Boys	Girls	Total
Delicate	13	12	25
Epileptic	2	1	2
Physically Handicapped	1	1	2
Claustrophobia	1	...	1
Respiratory Infection	1	1	2
Bronchial Catarrh	1	...	1
Recurrent Bronchitis	2	3	5
Asthma ... ..	...	1	1
Post Primary Complex ... ..	...	1	1
Totals	21	19	40

	Boys and Girls
Average age on admission	8.0 years.

Owing to the unsatisfactory teaching arrangements in the school buildings the assessed accommodation has been found too high for effective work, and the number in the school is being gradually reduced so that there is a maximum of 72 children in three classes.

The Senior Class Room is now equipped with single locker desks and chairs, and the dining arrangements are transferred to the Rest Shed. A Child Care Reserve has been appointed. Her services are proving most useful. Staffing, however, continues to be rather difficult generally.

HOPE HOSPITAL SCHOOL

This year has been one of steady rather than spectacular progress. There have been no major disturbances as regards organisation and most of the children have settled down well and produced very satisfactory work.

The closing of the Casualty Department at Eccles and Patricroft Hospital has introduced more accident cases to the school than hitherto, and many of these have been long-term orthopædic cases. There has, therefore, been an increase in the numbers of this type of patient and most of them have been able to follow an almost normal school curriculum for some months. The surgical and orthopædic children's ward has been very busy throughout the year and some rearrangement of staff has been necessary to cater for these increased numbers.

On the medical wards there have been far more children of pre-school age than of recent years and, though many of these have been short-term cases, there has been a nucleus of long-term, severely handicapped children to whom our main care and attention has been given.

In spite of the decreasing length of time which children now spend in hospital, the Teaching Staff have been busier of late months than for some time for, with the improvement of drugs and treatment, patients have been able to begin school work very much earlier.

The Spastic Class.

This has been a year of very satisfactory progress, particularly with regard to the younger children who now form the greater part of the class. Although several of these younger children have had to undergo operations during the year, their school progress has been well maintained, and most of them should be able to transfer to ordinary schools within a year or two, as the majority are not severely handicapped.

One partially-sighted child was able to transfer to Claremont Open-Air School and should shortly be followed by another rather older child.

The class held an "Open Day" in July, which was very well attended in spite of the inclement weather which prevented the use of the garden. The Matron of Hope Hospital gave a short address and parents and friends were entertained by the children with songs and verse speaking, and by the showing of films of the children at work.

HOME TEACHING

This year the work in Home Teaching has proceeded along the usual lines. The children seem to have had fairly good health and as a result have not missed much of the time they spend with the Home Teacher.

Ten children have been in the care of two teachers. Both teachers place a strong emphasis on Art work, which helps to give the children confidence as well as being an enjoyable experience. The children are talking more freely and as a result of this they are finding it easier to make progress in the teaching of the 3 R's.

The parents of all the children have done their utmost to help. They are often able to continue the teaching during the days in between the visit of the teacher, which is a tremendous help to the child.

The "Open Day" was held at the Chaseley Field Adult Centre on 14th July, 1959. It was a lovely summer day and both parents and children thoroughly enjoyed the opportunity to relax in the pleasant grounds at Chaseley. The Director of Education was welcomed as the chief guest on this occasion. He and the other guests showed great interest in the exhibition of the children's work.

The children appreciated the gifts which they received at Christmas.

PARTIALLY DEAF CHILDREN

There are now two classes for partially deaf children. The original one at Regent Road School now caters for children from the age of eleven to sixteen, and the one at Seedley Junior Mixed from five to ten plus.

The handicap of partial deafness is difficult to appreciate in that many children appear to be quite normal under certain conditions. They can hear when they are called by name. They can understand the general everyday patterns of conversation and demand. But when they are confronted with unfamiliar material in the form of names in a geography or history lesson, or strange combinations of sounds in mental arithmetic or spelling, then their lack of discrimination becomes evident and they lose their confidence in what they can hear and understand. This misunderstanding and decline in confidence contributes to anti-social behaviour in many instances. The dull and difficult child, the lazy child, the backward child, is often found to be a partially deaf child.

It is not the absence of mental ability that activates this behaviour but rather the difficulty in responding quickly enough to the half heard, half perceived stimulus of an active child's environment.

With this in mind, therefore, it is the hope that by attaching classes or units to schools of normal hearing children in the near future the partially deaf child will have the benefit of specialised tuition in speech, lip-reading and the more difficult oral lessons requiring amplified sound and clear enunciation, coupled with their particular needs in vocabulary and visual aid. At the same time they are in a position to take part in normal school activities where speech plays a minor role as in woodwork, cookery, sewing and games. This system overcomes the handicap of complete segregation and enables the children to remain as part of a normal world.

The two classes have installations of unit hearing aids known as the Loop System at Seedley, and the Group Hearing Unit at Regent Road. These, together with the speech training units and specially adapted individual hearing aids, give the maximum of assistance to the useful hearing capacity of each child.

There are, of course, other handicaps to be dealt with in these children, such as impaired sight, lack of stamina, maladjustment and physical retardedness, but deafness is in all cases considered to be the major handicap for, unless a child understands what is going on and can communicate accurately his thoughts and wishes in speech, the way into his mind is blocked.

BROOMEDGE SCHOOL

The year started with 60 children on the roll and that figure remained constant throughout the year, during the course of which 23 children left the school and were replaced by new entrants. The majority of the leavers, 9 girls and 8 boys, were transferred in July to special classes in secondary modern schools. All could read at varying levels of ability. Of the remaining 6, three children were returned to normal classes in primary schools, two were sent to occupational centres following examination under Section 57 (3) of the 1944 Education Act and, finally, one was transferred to a Residential Special School.

More than one-third of the school's population is replaced each year, and with such a rate of turnover its structure changes from year to year.

The following table, which shows the state of the school for the September term, 1959, brings some of the changes into focus :—

I.Q.	AGE RANGE					Totals
	7	8	9	10	11	
40-44 ... ..	...	1	...	...	...	1
45-49 ... ..	...	...	...	...	...	...
50-54	1	1	1	...	1	4
55-59 ... ..	...	...	...	...	...	...
60-64 ... ..	...	1	2	...	2	5
65-69	2	1	...	1	...	4
70-74 ... ..	...	2	1	2	1	6
75-79	2	2	8	8	...	20
80-84	1	1	8	4	...	14
85-89 ... ..	...	...	2	...	2	4
90-94 ... ..	...	...	...	2	...	2
Totals	6	9	22	17	6	60

The mean I.Q. is 75, which shows an insignificant drop of one point since last year. The distribution of I.Q.'s shows a feature which is characteristic of those of previous years, because two-thirds of the children have I.Q.'s

above the mean. When this feature is considered in connection with the fact that all the levels of ability are well within the recommended limits for E.S.N. education, it is a clear indication that retardation as well as dullness is receiving due consideration as a criterion for ascertainment. Apart from one child aged 8 years, the I.Q. range is 44 points.

The mean age, despite a normal distribution, is 9 years 1 month. This shows a decreasing trend which is most favourable, and probably due to children being referred and ascertained at an earlier stage than in the past.

As far as physical health is concerned, the following recommendations were made at the annual medical inspection which was held in May :—

Dental treatment	...	...	...	...	...	...	...	17
Ear treatment	...	...	...	...	...	...	...	4
Speech therapy	...	...	...	...	...	...	...	2
Nasal drill	...	...	...	...	...	...	...	3
Eye tests	...	...	...	...	...	...	...	2
Chiropodist	...	...	...	...	...	...	...	1
Diet for obesity	...	...	...	...	...	...	...	1

Throughout the year several measures were introduced with a view to preserving the children's teeth. Toothbrushes have been in daily use in school since the previous year. All the children are instructed in this use and teeth cleaning is supervised after dinner each day. In addition, children are not encouraged to bring sweets or sweet biscuits to school ; nor are they allowed to buy any at dinner-time. Parents have been urged to send their children for dental treatment immediately they receive notice.

Average attendance for the year was 89·1 %. The highest monthly figure was 93·4 % and the lowest 80 %.

The year's school journeys and out-of-school activities consisted of :—

1. Journey to Ainsdale in which the whole school took part.
2. Two visits to the homes for the aged and handicapped.
3. Weekly nature walks (weather permitting).
4. Belle Vue.
5. A visit to Glendale by the school choir.
6. Visits to the new schools by the leavers.

The year ended on a happy note with the Christmas Party. As in 1957, Mr. Harry Corbett and his puppet, Sooty, entertained the children and the guests equally well.

PHYSICAL EDUCATION

It is pleasing that marked progress can be reported in providing facilities for P.E. for the older children in the city. Two new gymnasias, fully equipped, with excellent changing and showering spaces, have been added to those already existing. These excellent facilities have provided both organisers and teachers with greater opportunities to develop a wider variety of work on differing types of apparatus and additional challenges to the children. Unfortunately, it has been impossible to make the fullest use of these extra opportunities because of changing staffs in the schools and the lack of specialist staff. This latter presents the bigger problem because the fullest and best use of these excellent advantages cannot be made until suitably qualified teachers are more readily available.

Regular P.E. lessons continue to form part of the time-table in all types of schools. Fewer problems arise over the removal of top clothing for the lesson and, in the secondary schools, including the new ones, changing and showering are becoming an accepted part of the P.E. lessons.

Difficulties still beset the work in two key directions :—

- (i) the provision of facilities ;
- (ii) staffing.

The provision of adequate facilities still presents many problems in primary schools. Because of expense it is still impossible to provide large equipment for climbing, heaving and agility work in all places where it would be useful. Many of the primary schools have some of this equipment but few, if any, have sufficient. In certain schools the facilities are such that it is impractical to supply other than a limited amount of such apparatus. In some schools it is still impossible to take a P.E. lesson on a wet day.

Reorganisation of certain schools has helped to improve this position in the last year.

Staffing continues to be a major problem.

1. Instability of staffing makes it difficult to maintain work which has been developed or encouraged in schools, and it is disappointing to see work, which has reached a good standard, dropping back for this reason.
2. There is a continued shortage of specialist teachers and a number of temporary teachers have to be employed.

The Committee continued to provide a supply of small apparatus to all schools in the city, and it has been possible to supply more primary schools with some large apparatus. An issue of plimsolls was made to all primary schools, and the marking of school playgrounds for various activities is maintained.

Organised Games.

All schools with the exception of Infants' Departments allocate one period of their P.E. time to games.

Good use is made of all of the Committee's grounds and also the playing facilities provided by the Parks Committee. The reorganisation of the schools, and the provision of more secondary schools, underline the problem of providing playing fields in sufficient quantity. As the reorganisation approaches completion this problem will become more acute.

Ordsall Park still remains unavailable for organised games and this adds to the difficulty in providing adequate games facilities, particularly in this congested area of the City, where facilities are particularly inadequate.

Changing and showering facilities on the playing fields are often inadequate. Some fields have no changing facilities at all.

The Committee has built new changing rooms and showers at two of their grounds (the Legh Road and Northumberland Street Playing Fields) and this will help materially in providing facilities for the boys and girls on the north side of the City.

Swimming.

Interest is well maintained in this branch of the work. Swimming has been badly handicapped by the closing of the Blackfriars Bath at the end of 1958 for modernisation. Provision for the past year has been made for schools who attend the Blackfriars Bath to go to other baths for swimming instruction, but this could only be done by curtailing the swimming of schools which normally attended these baths. In addition certain schools, particularly during the winter period, felt that the distance to be travelled to the new bath, and the time so expended, were excessive and the children were not sent for swimming instruction.

The swimming teaching is done by three full-time staff (two men and one woman) plus two or three part-time women and a number of assistant teachers who are responsible for the work in their own schools.

During the summer months provision was made for 232 classes of 30 children to attend. In the winter period provision was made for 137 classes of 30 children. The number of classes scheduled is fewer than in the previous year owing to the closure of Blackfriars Bath.

As an experimental measure a limited number of mixed junior classes were sent to the baths (as opposed to the single sex class which has been the accepted practice in the City for many years). This has proved very successful and is likely to be extended.

Examinations for the Certificates issued by the Education Committee were held at the end of the swimming season and the results are set out below :—

<i>3rd Class</i>	<i>2nd Class</i>	<i>1st Class</i>	<i>Advanced</i>	<i>Total</i>
1,392	947	486	197	3,022

Thanks are due to the Baths Committee who awarded Free Season Tickets to the 1,392 children who gained certificates for the first time.

The Royal Life Saving Society Examinations have been taken by the Salford school children with the following results :—

	<i>Boys</i>	<i>Girls</i>	<i>Total</i>
Elementary	128	159	287
Intermediate	132	92	224
Bronze Medallion	67	48	115
Bar to Bronze Medallion	12	8	20
Bronze Cross	14	7	21
Scholar Instructor ... ..	...	3	3
Unigrip ... ..	...	101	101
Totals	353	418	771

The Humane Society for the Hundred of Salford again awarded 12 medals for competition in the City, 7 being allocated to boys and 5 to girls. As a result of these tests, one boy gained the honour of a special medal for the fastest time returned in all of these examinations held in the Manchester and Salford area.

Several schools again organised their own swimming galas, and the number so doing is increasing.

Out-of-School Activities.

The Salford Schools' Sports Federation has continued its active work which is held out of school time. Thousands of children are given the opportunity of taking part and the work carried out by the Federation cannot be too highly praised.

The **Swimming Section** carried out an active programme and took part in the Lancashire Schools Swimming Championship, and for the first time in the Lancashire Squadron Championships. They also organised two highly successful inter-schools swimming galas.

The **Rugby Association** has reorganised its activities and now has four competitions : Senior, Intermediate, Junior and Colts corresponding with the first four years in secondary schools.

Football. A rather disappointing season was recorded, but 56 schools are now taking part with 100 teams entered and over 1,200 boys took part in these activities.

Athletics. Teams were entered for the Lancashire Schools Championships and performed creditably, scoring more points than ever before. Three very successful meetings (two afternoon and one evening) were held at the Schools Sports. Several schools have held their own sports.

Cricket. A successful season was enjoyed and more schools are taking part in these activities. A cricket course was held for boys and a large number attended.

Boxing. A new Association has been formed following a course for teachers enabling them to qualify as Judges and Instructors. At the moment five schools are affiliated and a Salford teacher has been elected Secretary for the Manchester and Salford area.

Netball. This section had a very good year, with more schools than ever taking part. The City team had a very successful season, winning most of their games.

Rounders. Interest in this game is increasing and the number of schools taking part is greater. For many years there has been a junior mixed section, and it is now suggested that there should be three junior sections consisting of girls, mixed and boys. Standard of play has improved very much and a Salford school became one of the Joint Lancashire Champions.

Individual Honours.

- | | | | |
|-----|----------------------|--------|---|
| (a) | Association Football | ... | One boy selected for Lancashire Trials. |
| (b) | Rugby Football | ... .. | Two boys represented Lancashire Boys in County matches. |
| (c) | Cricket | ... .. | Two boys played in the South Lancashire team and one boy plays regularly for the County. |
| (d) | Swimming | | One boy gained special award in Salford Hundred Awards.
One girl gained second award in Lancashire Championship. |

Physical Activity within the Youth Service, 1959.

Physical activities both indoor and outdoor continued to maintain progress during 1959 in spite of the restricting action of the weather in the summer months with regard to outdoor activities. The Authority continued to play its part in the development of Cricket Coaches and to extend this work by introducing Group Coaching Courses for boys between 15 and 18 and senior schoolboys. All the Leagues established by the Authority for Football, Cricket, Table Tennis, Netball and Rounders increased in membership, and interest was well maintained in the 11th Annual Athletic Sports, which to some extent were curtailed by the bad weather.

The following is an analysis of the number of clubs and youth organisations providing physical activities in Salford :—

(a) INDOOR.

[illegible]

(b) OUTDOOR.

[illegible]

SCHOOL MEALS SERVICE

The number of children having dinner at school rose steadily throughout the year and in October the number (10,676) was the highest for three years. With the addition of dinners served to teaching and school meals service staff, and dinners supplied to Health Committee Occupation Centres and one Independent School, average daily production of dinners was 12,000. Some 42% of children in school regularly have the school dinner and, of these, about 17% have the dinner without payment.

Some 88% of children in school are regular drinkers of milk supplied under the Milk in Schools Scheme.

Four new dining centres were opened during the year, the kitchens at two centres were equipped for cooking, and Ministry of Education approval was received for two further kitchens to be equipped for cooking. The number of centres cooking and/or serving meals at the end of the year was 70 as against 66 at the end of the previous year. The serving of school dinners on Saturdays and during school holiday periods has continued. Four centres are opened for this service.

A review took place of the breakfast service following discontinuation of this service, at the two open-air schools, on a twelve months trial basis. It was decided not to re-open the breakfast service at open-air schools and to discontinue the service for other school children which was based upon Huddart Street and St. Joseph's Canteen. The physical condition of the children who regularly attended for breakfast is being kept under constant review and should there be any evidence of harmful effect on the children attributable to the cessation of the breakfast service a report will be presented without delay.

New grant regulations came into operation during the year.

The charge for dinners served to children attending two special schools was brought into line with the charge (1d.) already made for dinners served to children attending the two open-air schools.

Work continued on the improvement of hygienic conditions and generally to increase the efficiency of the service. The nutritional value of the school dinner is maintained at the level recommended by the Ministry of Education.

Details of the meals served during the financial year, and comparison with those served in the previous year, follow below :—

Type of Meal	Served in Maintained Schools		Supplied to Other Persons, Occupation Centres, Independent School, etc.		Total	
	1958-59	1957-58	1958-59	1957-58	1958-59	1957-58
Dinners	†2,041,039	*2,025,007	38,652	36,166	2,079,691	2,061,173
Breakfasts	44,901	63,883	...	...	44,901	63,883
Teas	843	304	759	1,543	1,602	1,847

* Includes 41,151 dinners served in school holiday periods and on Saturdays.

† „ 45,391 „ „ „ „ „ „ „ „ „ „

SCHOOL WELFARE

Children and Young Persons Acts, 1933-1938.

Section 18. Employment of Children Byelaws.

During the year 491 applications were received from employers wishing to employ children. Four hundred and fifty-six licences were granted in respect of these applications, 29 children did not attend for medical examination and no licences were issued, and six children were found, on examination, to be physically unfit. Of the licences issued 388 were to boys and 68 to girls for the following occupations :—

	<i>Boys</i>	<i>Girls</i>
Delivery of Newspapers	379	68
Errand Boy—Grocery	6	...
„ „ Butchers	3	...

There has been a substantial decrease in the number of applications during the year, but the reasons for this appear to be that the children stay in employment longer and in some cases newsagents are employing old-age pensioners. The Byelaws provide for the medical examination at six-monthly intervals of all children who are employed and during the year approximately one thousand children have been examined by School Medical Officers. Supervision of the conditions of employment is carried out by the staff of the School Welfare Department. The officers of this department paid 930 visits to the places of employment and the homes of the children who were employed, and did 33 special street patrols to try and discover any infringements of the byelaws with respect to street trading. As a result of the information obtained on these patrols, 10 employers were cautioned for offences against the byelaws, and two employers appeared before the City Court and fines were imposed. The main reason for the supervision is to ensure that the children are fully protected against inclement weather, that the legal hours of employment are observed, and that no child is expected to perform duties which would cause him physical strain.

Section 22. Children Employed in Entertainments.

During the year nine licences were issued to children to appear on the stage, and one visit was made to a place of entertainment to supervise the employment of children and their dressing-room accommodation. There is no “live” theatre in Salford and the licences which have been issued are for Salford children to appear in other towns and cities. The authorities in these towns and cities have been notified of the appearance of these children in their area, and satisfactory arrangements made for the children’s supervision.

Clothing and Footwear Cases dealt with in 1959. First Application for the Year Only.

The largest group of parents helped are still those on National Health Insurance for long periods, and the children number 614. Then come the following groups :—

Widows and deserted mothers	400
Parents separated and the mother has a Court Order	75
Unemployment over a long period	260
National Assistance cases	60
(In practically all these cases the father was serving a prison sentence).	
Parents dead and the grandmother bringing up children	21
(And 54 cases where the parents were paying weekly contributions according to income).	
Parents working on unskilled work for small wage and eligible for free help	12

SCHOOL CLINICS.

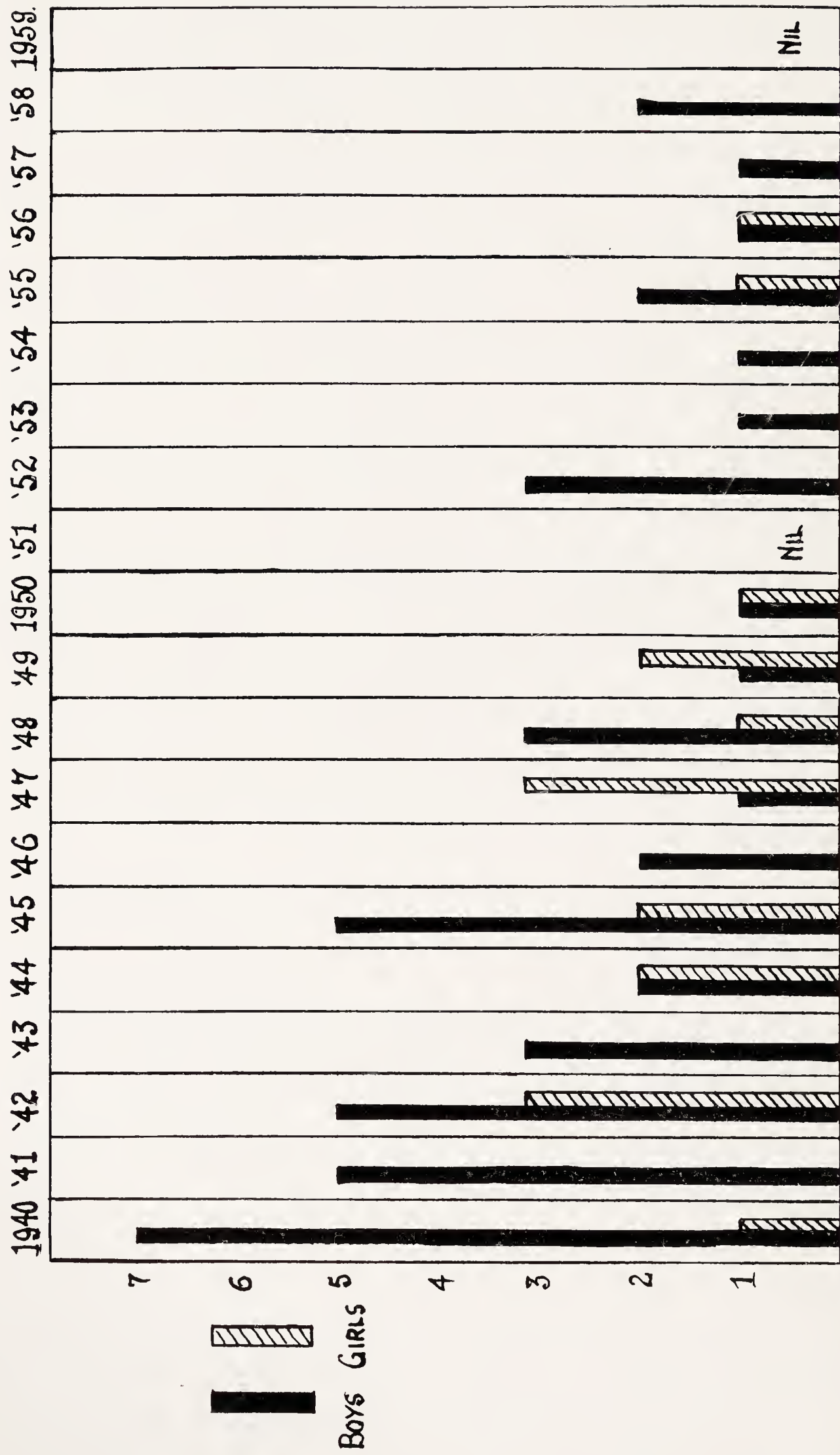
<i>Location of School Clinics.</i>	<i>Treatment carried out.</i>	<i>Attendance of School Medical Officer.</i>
Regent Road	Dental (including Oral Hygiene), Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments, Ear, Nose and Throat, Paediatric, Orthopaedic.	Daily (mornings).
Police Street	Dental, Physiotherapy, U.V.R., Minor Ailments.	Daily (afternoons).
Murray Street	Dental, Physiotherapy, U.V.R., Chiropody, Audiometry, Minor Ailments.	Daily (afternoons).
Langworthy Centre	Physiotherapy, U.V.R., Speech Therapy, Chiropody, Audiometry, Minor Ailments.	Daily (mornings).
Encombe Place	Dental (including Orthodontics and Oral Hygiene).	—
Landseer Street	Physiotherapy	—
Ordsall Junior Mixed School...	Speech Therapy	—
Broughton Secondary Modern School.	Speech Therapy, Minor Ailments ...	—
Blackfriars Road School... ..	Minor Ailments... ..	—
Barr Hill Open-Air School ...	Physiotherapy, Minor Ailments ...	Thursday afternoon.
Claremont Open-Air School ...	Physiotherapy, U.V.R., Speech Therapy, Minor Ailments	Monday ,, Tuesday ,,
Education Office	Ophthalmic	Daily (afternoons).
Cleveland House	Physiotherapy, Speech Therapy ...	—
Clarendon Secondary Modern School	Minor Ailments... ..	—
Marlborough Road School ...	Speech Therapy	—
Summerville Clinic	Physiotherapy, Speech Therapy ...	—
Parkfield	Speech Therapy	—

HEIGHTS AND WEIGHTS OF SCHOOL CHILDREN.

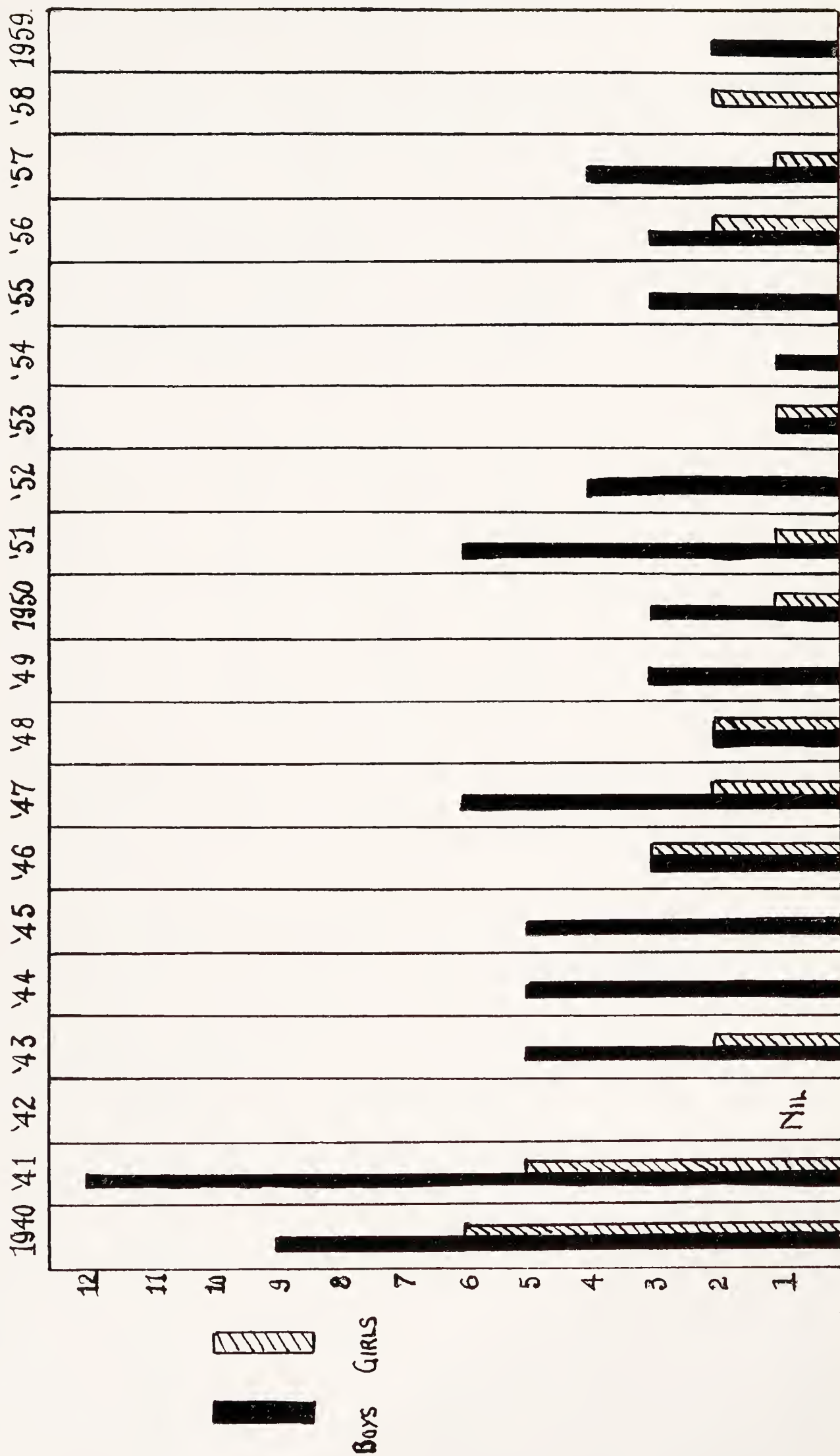
AVERAGE HEIGHTS AND WEIGHTS, 1959.

				Average Age	Average Height	Average Weight	Number Examined
NURSERY :	Boys	...	...	4 yrs. 8 mths.	41·6 ins.	39·6 lbs.	274
	Girls	...	...	4 „ 8 „	40·9 „	37·4 „	235
ENTRANTS :	Boys	...	...	5 „ 8 „	43·8 „	43·11 „	979
	Girls	...	...	5 „ 9 „	43·3 „	42·9 „	911
INTERMEDIATE :	Boys	...	...	11 „ 1 mth.	54·9 „	73·9 „	418
	Girls	...	...	11 „ 2 mths.	54·8 „	74·4 „	340
LEAVERS :	Boys	...	...	14 „ 1 mth.	61·6 „	102·4 „	969
	Girls	...	...	14 „ —	60·8 „	104·9 „	872
TOTAL							4,998

DEATHS OF SALFORD SCHOOL-CHILDREN. 1940-1959. (ROAD ACCIDENTS)



DEATHS OF SALFORD SCHOOL-CHILDREN. 1940-1959.
BY VIOLENCE (OTHER THAN ROAD ACCIDENTS)



STATISTICAL TABLES.

PART I.

Medical Inspection of Pupils Attending Maintained and Assisted Primary and Secondary Schools (Including Nursery and Special Schools).

TABLE A—PERIODIC MEDICAL INSPECTIONS.

Age Groups Inspected (by year of birth) (1)	Number of Pupils Inspected (2)	Physical Condition of Pupils Inspected			
		Satisfactory		Unsatisfactory	
		Number	% of Col. 2	Number	% of Col. 2
		(3)	(4)	(5)	(6)
1955 and later	153	136	89	17	11
1954	944	887	94	57	6
1953	1,094	1,023	94	71	6
1952	293	273	93	20	7
1951	17	17	100	...	...
1950	20	20	100	...	...
1949	18	18	100	...	...
1948	434	422	97	12	3
1947	227	222	98	5	2
1946	392	374	95	18	5
1945	982	951	97	31	3
1944 and earlier ...	607	590	97	17	3
TOTAL	5,181	4,933	95%	248	5%

TABLE B—PUPILS FOUND TO REQUIRE TREATMENT AT PERIODIC MEDICAL INSPECTIONS.
(Excluding Dental Diseases and Infestation with Vermin).

Age Groups Inspected (by year of birth) (1)	For Defective Vision (excluding squint) (2)	For any of the other conditions recorded in Part II (3)	Total Individual Pupils (4)
1955 and later... ..	2	43	43
1954	13	276	278
1953	22	310	331
1952	13	99	104
1951 ... ..	...	3	3
1950	4	8	9
1949 ... ..	...	2	3
1948	55	106	140
1947	33	62	85
1946	68	103	149
1945	127	223	300
1944 and earlier ...	101	140	216
TOTAL	438	1,375	1,661

TABLE C—OTHER INSPECTIONS.

Number of special inspections	...	...	...	...	...	...	...	...	...	6,388
Number of re-inspections	...	...	...	...	...	...	...	...	...	5,643
TOTAL										<u>12,031</u>

TABLE D—INFESTATION WITH VERMIN.

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	...	...	...	...	...	...	...	68,822
(b)	Total number of individual pupils found to be infested	...	...	...					1,405

PART II.

TABLE A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31ST DECEMBER, 1959.

Defect Code No.	Defect or Disease	Periodic Inspections							
		Entrants		Leavers		Others		Total	
		Requiring Treatment	Requiring Observa- tion	Requiring Treatment	Requiring Observa- tion	Requiring Treatment	Requiring Observa- tion	Requiring Treatment	Requiring Observa- tion
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
4.	Skin	51	101	134	138	40	59	225	298
5.	Eyes—								
	(a) Vision ...	45	9	297	110	95	51	438	170
	(b) Squint ...	114	15	30	12	43	17	187	44
	(c) Other ...	20	14	9	17	14	12	43	43
6.	Ears—								
	(a) Hearing	128	136	109	81	60	63	297	280
	(b) Otitis								
	Media	29	451	28	202	16	250	73	903
	(c) Other ...	25	154	26	88	17	65	68	307
7.	Nose and Throat	167	620	54	237	64	308	285	1,165
8.	Speech... ..	23	107	3	19	10	52	36	178
9.	Lymphatic Glands	1	366	1	73	1	143	3	582
10.	Heart	27	106	17	75	9	63	53	244
11.	Lungs	48	159	15	50	38	58	101	267
12.	Develop- mental—								
	(a) Hernia...	2	54	7	14	3	13	12	81
	(b) Other ...	6	88	8	83	7	68	21	239
13.	Orthopædic—								
	(a) Posture	3	26	2	63	...	12	5	101
	(b) Feet ...	43	150	27	70	27	78	97	298
	(c) Other ...	41	161	78	155	26	96	145	412
14.	Nervous System—								
	(a) Epilepsy	5	21	5	9	2	10	12	40
	(b) Other ...	5	91	2	54	3	47	10	192
15.	Psycho- logical—								
	(a) Develop- ment ...	7	56	5	41	9	64	21	161
	(b) Stability	7	147	5	88	6	99	18	334
16.	Abdomen ...	5	26	3	3	1	9	9	38
17.	Other ... ..	...	3	...	...	...	1	...	4

TABLE B—SPECIAL INSPECTIONS.

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Requiring treatment (3)	Requiring observation (4)
4.	Skin	524	476
5.	Eyes—		
	(a) Vision	189	190
	(b) Squint	54	47
	(c) Other	59	83
6.	Ears—		
	(a) Hearing... ..	224	924
	(b) Otitis Media... ..	599	441
	(c) Other	433	800
7.	Nose & Throat	1,167	2,383
8.	Speech	68	217
9.	Lymphatic Glands	23	511
10.	Heart	164	706
11.	Lungs	163	1,165
12.	Developmental—		
	(a) Hernia	28	62
	(b) Other	56	422
13.	Orthopaedic—		
	(a) Posture	24	57
	(b) Feet	91	197
	(c) Other	180	638
14.	Nervous system—		
	(a) Epilepsy	18	75
	(b) Other	36	373
15.	Psychological—		
	(a) Development	29	80
	(b) Stability	37	325
16.	Abdomen	20	212
17.	Other	38	629

PART III.

Treatment of Pupils Attending Maintained Primary and Secondary Schools
(including Special Schools).

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT.

	Number of cases known to have been dealt with	
	By the Authority	Otherwise
External and other, excluding errors of refraction and squint	304	—
Errors of refraction (including squint)	2,586	—
TOTAL	2,890	
Number of pupils for whom spectacles were prescribed	1,947	

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.

	Number of cases known to have been treated	
	By the Authority	Otherwise
Received operative treatment for—		
(a) diseases of the ear	—	12
(b) adenoids and chronic tonsillitis	—	421
(c) other nose and throat conditions	—	85
Received other forms of treatment	—	—
TOTAL		518
Total number of pupils in schools who are known to have been provided with hearing aids—		
(a) in 1959	—	17
(b) in previous years	—	19

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS.

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patient departments	220
(b) Pupils treated at school for postural defects	34
TOTAL	254

TABLE D—DISEASES OF THE SKIN.

(Excluding uncleanness for which see Table D of Part I).

	Number of cases known to have been treated
Ringworm—	
(a) Scalp	4
(b) Body	4
Scabies	11
Impetigo	85
Other skin diseases	1,048
TOTAL	1,152

TABLE E—CHILD GUIDANCE TREATMENT.

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics	103

TABLE F—SPEECH THERAPY.

	Number of cases known to have been treated
Pupils treated by Speech Therapists	246

TABLE G—OTHER TREATMENT GIVEN.

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	15,736
(b) Pupils who received convalescent treatment under School Health Service arrangements	111
(c) Pupils who received B.C.G. vaccination	587
(d) Other than (a), (b) and (c) above (specify)—	
1. Sun-ray	180
2. Chiropody	1,061
3. Treatment by Neurologist	21
4. ,, ,, Pædiatrician	111
5. ,, ,, Pretonsillectomy	47
6. ,, ,, Breathing Exercises	758
7. ,, ,, Postural Drainage	53
TOTAL (a)—(d)	18,665

PART IV.

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY.

(1)	Number of pupils inspected by the Authority's Dental Officers—							
	(a)	At Periodic Inspections	...	...	...	...	...	13,047
	(b)	As Specials	...	...	...	...	...	3,872
	TOTAL (1)		...	...	...	...	...	16,919
(2)	Number found to require treatment		...	...	...	...	...	12,463
(3)	Number offered treatment		...	...	...	...	...	12,463
(4)	Number actually treated		...	...	...	...	...	9,517
(5)	Number of attendances made by pupils for treatment, including those recorded at heading 11(h) below							15,640
(6)	Half days devoted to :							
	(a)	Periodic (School) Inspection	...	...	...	...	...	93
	(b)	Treatment	...	...	...	...	...	1,554
	TOTAL (6)		...	...	...	...	...	1,647
(7)	Fillings—							
	(a)	Permanent Teeth	...	...	...	...	...	4,363
	(b)	Temporary Teeth	...	...	...	...	...	850
	TOTAL (7)		...	...	...	...	...	5,213
(8)	Number of teeth filled—							
	(a)	Permanent Teeth	...	...	...	...	...	4,148
	(b)	Temporary Teeth	...	...	...	...	...	839
	TOTAL (8)		...	...	...	...	...	4,987
(9)	Extractions—							
	(a)	Permanent Teeth	...	...	...	...	...	2,539
	(b)	Temporary Teeth	...	...	...	...	...	6,566
	TOTAL (9)		...	...	...	...	...	9,105
(10)	Administration of general anaesthetics for extraction							2,500
(11)	Orthodontics—							
	(a)	Cases commenced during the year	...	...	...	...	...	67
	(b)	Cases carried forward from previous year	...	...	...	...	...	230
	(c)	Cases completed during the year	...	...	...	...	...	76
	(d)	Cases discontinued during the year	...	...	...	...	...	27
	(e)	Pupils treated with appliances	...	...	...	...	...	171
	(f)	Removable appliances fitted	...	...	...	...	...	176
	(g)	Fixed appliances fitted	...	...	...	...	...	70
	(h)	Total attendances	...	...	...	...	...	1,351
(12)	Number of pupils supplied with artificial teeth							93
(13)	Other operations—							
	(a)	Permanent teeth	...	...	...	...	...	438
	(b)	Temporary teeth	...	...	...	...	...	801
	TOTAL (13)		...	...	...	...	...	1,239

HANDICAPPED PUPILS

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Subnormal	Maladjusted	Epileptic	TOTAL
Number <i>newly placed</i> in special schools or boarding homes ...	1	4	—	—	*141	11	37	2	—	196
Number <i>newly assessed</i> as needing special educational treatment at special schools or in boarding homes ...	1	5	1	—	121	11	116	4	—	259
(i) Number on the registers of— (1) maintained special schools— (a) as day pupils... (b) as boarding pupils ...	—	12	—	—	248	16	64	—	3	343
(2)*non-maintained special schools— (a) as day pupils... (b) as boarding pupils ...	—	—	—	—	3	2	13	1	—	19
(ii) Number on the registers of independent schools under arrangements made by the Authority ...	—	—	9	—	30	—	—	—	—	39
(iii) Were boarded in homes and not already included under (i) or (ii) ...	7	—	11	—	8	5	22	1	—	54
Number being educated under arrangements made under Section 56 of the Education Act, 1944— (i) in hospitals ...	—	—	—	—	—	—	—	5	—	5
(ii) in other groups ...	—	—	—	—	2	—	—	1	—	3
(iii) at home ...	—	—	—	—	1	5	—	—	—	—
	—	—	—	—	—	—	—	—	—	6

* Includes 10 placed at Greengate Home and Open-Air School, Salford. (Monday to Friday boarders).

HANDICAPPED PUPILS—Continued.

	Blind	Partially Sighted	Deaf	Partially Deaf	Delicate	Physically Handicapped	Educationally Subnormal	Maladjusted	Epileptic	TOTAL
Number requiring places in special schools—										
(i) TOTAL (a) day	—	1	—	—	43	1	263	—	—	308
(b) boarding	—	—	—	1	1	6	10	3	—	21
(ii) Number included in the totals above who had not reached the age of 5—										
(a) awaiting day places	—	—	—	—	1	1	—	—	—	2
(b) Awaiting boarding places	—	—	—	1	—	—	—	—	—	1
(iii) Number who had reached the age of 5 but whose parents had not consented to their admission to a special school—										
(a) awaiting day places	—	1	—	—	5	—	18	—	—	24
(b) awaiting boarding places	—	—	—	—	—	—	7	1	—	8
Number of children reported to the local health authority—										
(a) under Section 57 (3) (excluding any returned under (b))	—	—	—	—	—	—	11	—	—	11
(b) under Section 57 (3) relying on Section 57 (4)	—	—	—	—	—	—	—	—	—	—
(c) under Section 57 (5) of the Education Act, 1944	—	—	—	—	—	—	14	—	—	14

CHIROPODY SURVEY SUMMARY, 1959

Age Group (years)	5 to 6						7 to 8						9 to 10						11 to 12						13 to 15						TOTAL																														
	M			F			M			F			M			F			M			F			M			F			M			F																											
	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	B	C	F																														
Defect Group																																Total																													
	8																													
	25																														
	460																														
	791																														
...	152																														
...	464																														
...	18																														
TOTAL																																	145	78	163	62	37	20	84	37	27	8	138	61	108	26	287	172	115	28	212	101	441	160	884	433	1918				
TOTAL NUMBER OF CHILDREN EXAMINED MALES AND FEMALES																																	225		218			86	137		56		192		185		338		120		238		672		1123						
TOTAL NUMBER OF MALES AND FEMALES EXAMINED																																		443			223				248				523				358				1795								

